ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

INDIANA

Part 2
JASONVILLE to ZIONSVILLE

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

87/88

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MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

INDIANA

Part 2

JASONVILLE TO ZIONSVILLE

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

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Health Care Financing Administration

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

ROBERT D. ORR, GOVERNOR
WOODROW A. MYERS, JR., M.D., STATE HEALTH COMMISSIONER

HOOSIER CELEBRATION '88

INDIANA STATE BOARD OF HEALTH
1330 WEST MICHIGAN STREET
P.O. BOX 1964
INDIANAPOLIS, IN 46206-1964

ISBH
INDIANA STATE BOARD OF HEALTH

AN EQUAL OPPORTUNITY EMPLOYER

Overview of Enforcement System

Since every nursing home must have a license before beginning operations and since the license must be renewed each year, the licensure process is a major enforcement tool. A facility which applies for licensure may be denied, may receive a provisional license, may receive a probationary license, or may receive a full license. In addition, when a probationary license is issued, "conditions" may be placed on the license. These conditions may require the facility to hire consultants or a "monitor". A monitor is an individual who makes a public report on the facility's continued ability to meet minimal standards.

The State Health Commissioner has the authority to determine when a "breach" of a rule has occurred and to then direct that a "citation" or fine be levied against a nursing home. These civil penalties may be levied against a nursing home whenever a breach has occurred, however, this tool is normally reserved for more serious problems where a penalty is warranted in order to deter future breaches.

Most nursing homes in Indiana are certified for either Medicare or Medicaid or both. If a facility is not in substantial compliance with the regulations governing these federal reimbursement programs, the certification (and thus the facility's ability to receive reimbursement for Medicare or Medicaid patients) may be withdrawn.

Overview of the Nursing Home Licensure Program

Every nursing home in Indiana must receive a license from the Indiana State Board of Health before beginning operations. The Indiana Health Facilities council makes recommendations on licensure actions to the Indiana State Board of Health.

The Indiana Health Facilities Council and the Indiana State Board of Health have joint authority to approve "administrative rules" which serve as minimum standards, which nursing homes must meet in order to maintain a license.

"The health of the people is really the foundation upon which all their happiness and all their powers as a state depend."

The Indiana State Board of Health inspects all licensed facilities at least annually and investigates all complaints filed against nursing homes. The results of these inspections are considered when licensure decisions are made.

Meetings of both the Indiana Health Facilities Council and the Indiana State Board of Health are open to the public. In addition, the results of the inspections and complaint investigations are open to the public. Additional information on the dates of meetings, the content of official files, etc. is available by contacting the Indiana State Board of Health, Division of Health Facilities, 1330 West Michigan Street, Indianapolis, Indiana 46206-1964, telephone number (317)633-8442).

Resources Available to Consumers

Each of the following Indiana State agencies serves as a resource to consumers. Anyone seeking additional information or wanting to file a complaint should contact one of these agencies.

Indiana State Board of Health
Division of Health Facilities
1330 West Michigan Street
Indianapolis, IN 46206
317/633-8442

State Ombudsman
11th Floor Consolidated Building
115 North Pennsylvania Street
Indianapolis, IN 46204
317/232-7134
1-800/622-4484

Adult Protective Services
Indiana Department of Human Services
251 North Illinois Street
Indianapolis, IN 46207
317/232-0135
1-800/992-6978

Medicaid Fraud Unit
125 West Market Street
Indianapolis, IN 46204
317/232-6520
1-800/382-1039

Consumer Protection Division
Office of the Attorney General
Room 125, State House
Indianapolis, IN 46204-2794
317/232-6330

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
SHAKAMAK GOOD SAMARITAN CENTER

Street Address:	**City and State:**
800 EAST OHIO STREET, BOX 163	JASONVILLE IN 47438

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	95	NON-PROFIT RELIGIOUS	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
14	1	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	100	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	13	92.9	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	12	85.7	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	85.7	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	57.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	42.9	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	5	35.7	47.1	50.8
Residents requiring restraints.	9	64.3	36.5	41.3
Confused or disoriented residents.	10	71.4	52.1	58.4
Residents with bed sores.	2	14.3	6.9	7.1
Residents receiving special skin care.	7	50.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JASPER NURSING CENTER

Street Address: 2909 HOWARD DRIVE	**City and State:** JASPER IN 47546

Participation: MEDICAID ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	82.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	85	74.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	73	64.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	84.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	68.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	2	1.8	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	26	22.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	46	40.4	37.1	39.1
Residents requiring restraints.	39	34.2	30.8	31.7
Confused or disoriented residents.	56	49.1	52.2	55.8
Residents with bed sores.	5	4.4	4.4	4.7
Residents receiving special skin care.	44	38.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEMORIAL HOSPITAL & HEALTH CARE CTR

Street Address: 800 W NINTH ST	**City and State:** JASPER IN 47546

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 24	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 14	**Medicare Residents:** 11	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	85.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	14	100	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	14	100	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	100	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	78.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	21.4	32.5	37.7
Completely bedfast residents.	1	7.1	2.3	3.4
Residents confined to chairs.	3	21.4	47.1	50.8
Residents requiring restraints.	4	28.6	36.5	41.3
Confused or disoriented residents.	8	57.1	52.1	58.4
Residents with bed sores.	0	0.0	6.9	7.1
Residents receiving special skin care.	0	0.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHWOOD GOOD SAMARITAN CENTER

Street Address: 2515 NEWTON STREET P.O. BOX 459	**City and State:** JASPER IN 47546

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 107	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 2	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	67.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	69	69.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	68	68.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	58.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	62.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	22.0	32.5	37.7
Completely bedfast residents.	1	1.0	2.3	3.4
Residents confined to chairs.	27	27.0	47.1	50.8
Residents requiring restraints.	34	34.0	36.5	41.3
Confused or disoriented residents.	53	53.0	52.1	58.4
Residents with bed sores.	7	7.0	6.9	7.1
Residents receiving special skin care.	20	20.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PROVIDENCE HOME

Street Address: 520 WEST NINTH ST	**City and State:** JASPER IN 47546

Participation: MEDICAID ICF	**# of Beds:** 66	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	40.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	37	62.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	14	23.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	11.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	16.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	0	0.0	37.1	39.1
Residents requiring restraints.	0	0.0	30.8	31.7
Confused or disoriented residents.	0	0.0	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	10	16.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLARK CTY MEM HOSP CONTINUING CARE CTR

Street Address: 1220 MISSOURI AVE		**City and State:** JEFFERSONVILLE IN 47130	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
16	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	93.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	15	93.8	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	13	81.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	81.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	62.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	37.5	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	4	25.0	47.1	50.8
Residents requiring restraints.	9	56.3	36.5	41.3
Confused or disoriented residents.	8	50.0	52.1	58.4
Residents with bed sores.	3	18.8	6.9	7.1
Residents receiving special skin care.	10	62.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST HEALTHCARE CENTER

Street Address: 203 SPARKS AVE	**City and State:** JEFFERSONVILLE IN 47130

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 221	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 215	**Medicare Residents:** 3	**Medicaid Residents:** 183

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	167	77.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	158	73.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	144	67.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	69.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	135	62.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	3	1.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	81	37.7	32.5	37.7
Completely bedfast residents.	7	3.3	2.3	3.4
Residents confined to chairs.	95	44.2	47.1	50.8
Residents requiring restraints.	102	47.4	36.5	41.3
Confused or disoriented residents.	135	62.8	52.1	58.4
Residents with bed sores.	10	4.7	6.9	7.1
Residents receiving special skin care.	103	47.9	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEFFERSONVILLE NH

Street Address: 1720 E 8TH ST	**City and State:** JEFFERSONVILLE IN 47130

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	97.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	33	86.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	63.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	86.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	71.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	23.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	23	60.5	37.1	39.1
Residents requiring restraints.	21	55.3	30.8	31.7
Confused or disoriented residents.	18	47.4	52.2	55.8
Residents with bed sores.	6	15.8	4.4	4.7
Residents receiving special skin care.	6	15.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENDALLVILLE MANOR HEALTHCARE CENTER

Street Address: P O BOX 488 1802 DOWLING STREET EXTEND		**City and State:** KENDALLVILLE IN 46755	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	73.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	43	75.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	29	50.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	49.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	43.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	22.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	17	29.8	37.1	39.1
Residents requiring restraints.	10	17.5	30.8	31.7
Confused or disoriented residents.	17	29.8	52.2	55.8
Residents with bed sores.	1	1.8	4.4	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENDALLVILLE NURSING HOME

Street Address: 1433 SOUTH MAIN STREET	**City and State:** KENDALLVILLE IN 46755

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	11	42.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	23	88.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	88.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	65.4	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	80.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	2	7.7	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	26.9	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	15	57.7	37.1	39.1
Residents requiring restraints.	13	50.0	30.8	31.7
Confused or disoriented residents.	11	42.3	52.2	55.8
Residents with bed sores.	4	15.4	4.4	4.7
Residents receiving special skin care.	14	53.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN HOMES INC

Street Address: 612 EAST MITCHELL STREET		**City and State:** KENDALLVILLE IN 46755	
Participation: MEDICAID ICF	**# of Beds:** 97	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	47	61.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	55	71.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	30	39.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	55.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	41.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	30	39.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	54	70.1	37.1	39.1
Residents requiring restraints.	33	42.9	30.8	31.7
Confused or disoriented residents.	34	44.2	52.2	55.8
Residents with bed sores.	1	1.3	4.4	4.7
Residents receiving special skin care.	9	11.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENTLAND NURSING HOME

Street Address: 620 EAST WASHINGTON STREET	**City and State:** KENTLAND IN 47591

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	20	71.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	18	64.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	57.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	64.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	32.1	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	12	42.9	37.1	39.1
Residents requiring restraints.	10	35.7	30.8	31.7
Confused or disoriented residents.	15	53.6	52.2	55.8
Residents with bed sores.	2	7.1	4.4	4.7
Residents receiving special skin care.	2	7.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARTYS NH

Street Address: BOX D		**City and State:** KNIGHTSVILLE IN 47857	
Participation: MEDICAID ICF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
69	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	68.1	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	55	79.7	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	41	59.4	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	65.2	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	49.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	30.4	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	15	21.7	37.1	39.1
Residents requiring restraints.	21	30.4	30.8	31.7
Confused or disoriented residents.	39	56.5	52.2	55.8
Residents with bed sores.	1	1.4	4.4	4.7
Residents receiving special skin care.	46	66.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRYSIDE PLACE

Street Address: 300 EAST CULVER RD	**City and State:** KNOX IN 46534

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 1	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	64.9	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	74.3	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	67.6	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	67.6	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	36.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	23.0	32.5	37.7
Completely bedfast residents.	4	5.4	2.3	3.4
Residents confined to chairs.	27	36.5	47.1	50.8
Residents requiring restraints.	16	21.6	36.5	41.3
Confused or disoriented residents.	23	31.1	52.1	58.4
Residents with bed sores.	7	9.5	6.9	7.1
Residents receiving special skin care.	15	20.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINTERSONG VILLAGE OF KNOX

Street Address: PO BOX 337 S R 8 EAST	**City and State:** KNOX IN 46534

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	83.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	33	78.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	29	69.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	64.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	42.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	26.2	32.5	37.7
Completely bedfast residents.	4	9.5	2.3	3.4
Residents confined to chairs.	13	31.0	47.1	50.8
Residents requiring restraints.	13	31.0	36.5	41.3
Confused or disoriented residents.	17	40.5	52.1	58.4
Residents with bed sores.	5	11.9	6.9	7.1
Residents receiving special skin care.	10	23.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTHCARE CENTER

Street Address: 3518 SSOUTH LAFOUNTAIN STREET	**City and State:** KOKOMO IN 46901

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	80.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	81	93.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	55	63.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	89.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	88.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	35.6	32.5	37.7
Completely bedfast residents.	2	2.3	2.3	3.4
Residents confined to chairs.	47	54.0	47.1	50.8
Residents requiring restraints.	15	17.2	36.5	41.3
Confused or disoriented residents.	33	37.9	52.1	58.4
Residents with bed sores.	1	1.1	6.9	7.1
Residents receiving special skin care.	39	44.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOREST PARK HEALTHCARE CENTER

Street Address: 2233 WEST JEFFERSON STREET	**City and State:** KOKOMO IN 46901

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 196	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 165	**Medicare Residents:** 0	**Medicaid Residents:** 119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	69.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	123	74.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	100	60.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	71.5	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	63.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	27.9	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	63	38.2	47.1	50.8
Residents requiring restraints.	76	46.1	36.5	41.3
Confused or disoriented residents.	83	50.3	52.1	58.4
Residents with bed sores.	18	10.9	6.9	7.1
Residents receiving special skin care.	37	22.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENTREE MANOR

Street Address: 1560 SOUTH PLATE STREET		**City and State:** KOKOMO IN 46901	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
40	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	62.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	26	65.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	57.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	52.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	57.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	12.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	13	32.5	37.1	39.1
Residents requiring restraints.	18	45.0	30.8	31.7
Confused or disoriented residents.	19	47.5	52.2	55.8
Residents with bed sores.	3	7.5	4.4	4.7
Residents receiving special skin care.	15	37.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SYCAMORE VILLAGE HEALTH CENTER

Street Address: 2905 WEST SYCAMORE ROAD	**City and State:** KOKOMO IN 46901

Participation: MEDICAID ICF	**# of Beds:** 201	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 126	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	63.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	90	71.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	80	63.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	65.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	51.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	0.8	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	51	40.5	26.9	29.3
Completely bedfast residents.	1	0.8	1.1	3.6
Residents confined to chairs.	74	58.7	37.1	39.1
Residents requiring restraints.	47	37.3	30.8	31.7
Confused or disoriented residents.	69	54.8	52.2	55.8
Residents with bed sores.	15	11.9	4.4	4.7
Residents receiving special skin care.	19	15.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINDSOR ESTATES

Street Address: 429 WEST LINCOLN ROAD	**City and State:** KOKOMO IN 46901

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 115	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 4	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	76.6	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	74.8	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	68.5	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	69.4	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	62.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	35.1	32.5	37.7
Completely bedfast residents.	3	2.7	2.3	3.4
Residents confined to chairs.	52	46.8	47.1	50.8
Residents requiring restraints.	65	58.6	36.5	41.3
Confused or disoriented residents.	71	64.0	52.1	58.4
Residents with bed sores.	0	0.0	6.9	7.1
Residents receiving special skin care.	54	48.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHANGRI-LA MANOR

Street Address: 604 RENNAKER ST	**City and State:** LA FONTAINE IN 46940

Participation: MEDICAID ICF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	78.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	31	50.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	35	57.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	52.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	44.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	26.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	27	44.3	37.1	39.1
Residents requiring restraints.	21	34.4	30.8	31.7
Confused or disoriented residents.	26	42.6	52.2	55.8
Residents with bed sores.	1	1.6	4.4	4.7
Residents receiving special skin care.	9	14.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONTINUING CARE CENTER OF LAPORTE

Street Address: 1007 LINCOLNWAY		**City and State:** LA PORTE IN 46350	
Participation: MEDICARE SNF	**# of Beds:** 26	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22	**Medicare Residents:** 4	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	68.2	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	21	95.5	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	20	90.9	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	81.8	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	68.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	54.5	32.5	37.7
Completely bedfast residents.	2	9.1	2.3	3.4
Residents confined to chairs.	5	22.7	47.1	50.8
Residents requiring restraints.	2	9.1	36.5	41.3
Confused or disoriented residents.	5	22.7	52.1	58.4
Residents with bed sores.	2	9.1	6.9	7.1
Residents receiving special skin care.	6	27.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUNTAIN VIEW TERRACE

Street Address: 1900 ANDREW AVE		**City and State:** LA PORTE IN 46350	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 194	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
151	3	113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	76.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	84	55.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	79	52.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	42.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	55.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	25.2	32.5	37.7
Completely bedfast residents.	6	4.0	2.3	3.4
Residents confined to chairs.	54	35.8	47.1	50.8
Residents requiring restraints.	52	34.4	36.5	41.3
Confused or disoriented residents.	49	32.5	52.1	58.4
Residents with bed sores.	7	4.6	6.9	7.1
Residents receiving special skin care.	61	40.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE COUNTRYSIDE PLACE

Street Address: 1700 I STREET	**City and State:** LA PORTE IN 46350

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	72.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	62	70.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	49	55.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	71.6	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	44.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	18.2	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	52	59.1	47.1	50.8
Residents requiring restraints.	29	33.0	36.5	41.3
Confused or disoriented residents.	23	26.1	52.1	58.4
Residents with bed sores.	15	17.0	6.9	7.1
Residents receiving special skin care.	19	21.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTUMN CARE OF LADOGA

Street Address: 1001 EAST MAIN STREET	**City and State:** LADOGA IN 47954

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 95	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 1	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	76.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	67	87.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	57	74.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	58.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	50.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	20.8	32.5	37.7
Completely bedfast residents.	1	1.3	2.3	3.4
Residents confined to chairs.	30	39.0	47.1	50.8
Residents requiring restraints.	28	36.4	36.5	41.3
Confused or disoriented residents.	0	0.0	52.1	58.4
Residents with bed sores.	4	5.2	6.9	7.1
Residents receiving special skin care.	11	14.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HLTH CARE CTR

Street Address: 2201 CASON ST	**City and State:** LAFAYETTE IN 47904

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 111	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	1	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	77.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	60	85.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	59	84.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	80.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	71.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	48.6	32.5	37.7
Completely bedfast residents.	2	2.9	2.3	3.4
Residents confined to chairs.	58	82.9	47.1	50.8
Residents requiring restraints.	51	72.9	36.5	41.3
Confused or disoriented residents.	34	48.6	52.1	58.4
Residents with bed sores.	6	8.6	6.9	7.1
Residents receiving special skin care.	20	28.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMFORT RET AND NH

Street Address: 312 N EIGHTH ST	**City and State:** LAFAYETTE IN 47901

Participation: MEDICAID ICF	**# of Beds:** 46	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	69.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	38	82.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	69.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	69.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	63.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	17.4	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	27	58.7	37.1	39.1
Residents requiring restraints.	15	32.6	30.8	31.7
Confused or disoriented residents.	21	45.7	52.2	55.8
Residents with bed sores.	4	8.7	4.4	4.7
Residents receiving special skin care.	18	39.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HEALTHCARE

Street Address: 3400 SOLDIERS HOME ROAD		**City and State:** LAFAYETTE IN 47906	
Participation: MEDICAID ICF	**# of Beds:** 145	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
131	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	97.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	116	88.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	102	77.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	76.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	76.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	19.1	26.9	29.3
Completely bedfast residents.	1	0.8	1.1	3.6
Residents confined to chairs.	31	23.7	37.1	39.1
Residents requiring restraints.	62	47.3	30.8	31.7
Confused or disoriented residents.	67	51.1	52.2	55.8
Residents with bed sores.	6	4.6	4.4	4.7
Residents receiving special skin care.	60	45.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INDIANA PYTHIAN HOME

Street Address: 1501 S 18TH ST	**City and State:** LAFAYETTE IN 47905

Participation: MEDICAID ICF	**# of Beds:** 118	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	45.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	31	36.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	27.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	36.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	29.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	12.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	26	30.2	37.1	39.1
Residents requiring restraints.	16	18.6	30.8	31.7
Confused or disoriented residents.	25	29.1	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	5	5.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAFAYETTE HEALTH CARE CENTER

Street Address: 1903 UNION STREET	**City and State:** LAFAYETTE IN 47904

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 202	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 0	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	65.9	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	66	75.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	61	69.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	60.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	58.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	31.8	32.5	37.7
Completely bedfast residents.	3	3.4	2.3	3.4
Residents confined to chairs.	60	68.2	47.1	50.8
Residents requiring restraints.	33	37.5	36.5	41.3
Confused or disoriented residents.	60	68.2	52.1	58.4
Residents with bed sores.	6	6.8	6.9	7.1
Residents receiving special skin care.	13	14.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAFAYETTE HOME HOSPITAL SNF

Street Address: 2400 SOUTH ST	**City and State:** LAFAYETTE IN 47902

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 8	**Medicaid Residents:** 10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	91.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	46	93.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	46	93.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	93.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	77.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	42.9	32.5	37.7
Completely bedfast residents.	1	2.0	2.3	3.4
Residents confined to chairs.	35	71.4	47.1	50.8
Residents requiring restraints.	10	20.4	36.5	41.3
Confused or disoriented residents.	35	71.4	52.1	58.4
Residents with bed sores.	8	16.3	6.9	7.1
Residents receiving special skin care.	49	100	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGENCY PLACE OF LAFAYETTE

Street Address: 300 WINDY HILL DRIVE	**City and State:** LAFAYETTE IN 47905

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 132	**Medicare Residents:** 0	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	113	85.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	118	89.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	91	68.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	55.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	61.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	21.2	32.5	37.7
Completely bedfast residents.	2	1.5	2.3	3.4
Residents confined to chairs.	56	42.4	47.1	50.8
Residents requiring restraints.	25	18.9	36.5	41.3
Confused or disoriented residents.	58	43.9	52.1	58.4
Residents with bed sores.	6	4.5	6.9	7.1
Residents receiving special skin care.	10	7.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH STRET HEALTH CARE CENTER

Street Address: 1123 EAST SOUTH ST	**City and State:** LAFAYETTE IN 47906

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	54.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	13	59.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	12	54.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	50.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	50.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	4.5	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	9.1	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	10	45.5	37.1	39.1
Residents requiring restraints.	3	13.6	30.8	31.7
Confused or disoriented residents.	5	22.7	52.2	55.8
Residents with bed sores.	1	4.5	4.4	4.7
Residents receiving special skin care.	6	27.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ANTHONY HEALTH CARE INC

Street Address: 1205 NORTH FOURTEENTH STREET		**City and State:** LAFAYETTE IN 47904	
Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	80.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	60	80.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	51	68.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	46.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	65.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	32.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	18	24.0	37.1	39.1
Residents requiring restraints.	24	32.0	30.8	31.7
Confused or disoriented residents.	26	34.7	52.2	55.8
Residents with bed sores.	8	10.7	4.4	4.7
Residents receiving special skin care.	8	10.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ELIZABETH HOSPITAL MEDICAL CENTER

Street Address: 1501 HARTFORD STREET		**City and State:** LAFAYETTE IN 47903	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 27	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 12	**Medicare Residents:** 5	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	100	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	12	100	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	12	100	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	100	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	100	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	16.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	33.3	32.5	37.7
Completely bedfast residents.	2	16.7	2.3	3.4
Residents confined to chairs.	7	58.3	47.1	50.8
Residents requiring restraints.	2	16.7	36.5	41.3
Confused or disoriented residents.	6	50.0	52.1	58.4
Residents with bed sores.	2	16.7	6.9	7.1
Residents receiving special skin care.	5	41.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAGRANGE NURSING HOME

Street Address: R.R. 5, BOX 74	**City and State:** LAGRANGE IN 46761

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	88.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	15	83.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	14	77.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	66.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	94.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	5.6	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	50.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	3	16.7	37.1	39.1
Residents requiring restraints.	6	33.3	30.8	31.7
Confused or disoriented residents.	18	100	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLER'S MERRY MANOR INC

Street Address: STATE ROAD 9 NORTH, BOX 89	**City and State:** LAGRANGE IN 46761

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 202	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	74.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	108	77.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	97	69.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	71.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	69.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	6	4.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	31.7	32.5	37.7
Completely bedfast residents.	5	3.6	2.3	3.4
Residents confined to chairs.	50	36.0	47.1	50.8
Residents requiring restraints.	36	25.9	36.5	41.3
Confused or disoriented residents.	101	72.7	52.1	58.4
Residents with bed sores.	6	4.3	6.9	7.1
Residents receiving special skin care.	41	29.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADY NOOK CARE CENTER

Street Address: 36 VALLEY DRIVE	**City and State:** LAWRENCEBURG IN 47025

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	73.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	77	77.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	68	68.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	68.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	69.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	40	40.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	41	41.0	37.1	39.1
Residents requiring restraints.	35	35.0	30.8	31.7
Confused or disoriented residents.	55	55.0	52.2	55.8
Residents with bed sores.	2	2.0	4.4	4.7
Residents receiving special skin care.	61	61.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TERRACE VIEW HEALTH CARE CENTER

Street Address: 403 BIELBY ROAD	**City and State:** LAWRENCEBURG IN 47025

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	85.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	90	81.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	69	62.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	53.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	56.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	33.3	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	63	56.8	47.1	50.8
Residents requiring restraints.	44	39.6	36.5	41.3
Confused or disoriented residents.	35	31.5	52.1	58.4
Residents with bed sores.	6	5.4	6.9	7.1
Residents receiving special skin care.	42	37.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TODD DICKEY MEDICAL CENTER

Street Address: A STREET P O BOX 134	**City and State:** LEAVENWORTH IN 47137

Participation: MEDICAID ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	74.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	63	80.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	57	73.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	91.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	46.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	16.7	26.9	29.3
Completely bedfast residents.	1	1.3	1.1	3.6
Residents confined to chairs.	0	0.0	37.1	39.1
Residents requiring restraints.	16	20.5	30.8	31.7
Confused or disoriented residents.	22	28.2	52.2	55.8
Residents with bed sores.	5	6.4	4.4	4.7
Residents receiving special skin care.	36	46.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRYSIDE HEALTHCARE CENTER

Street Address: 1585 PERRYWORTH ROAD	**City and State:** LEBANON IN 46052

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	72.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	66	79.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	48	57.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	65.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	59.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	22.9	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	29	34.9	47.1	50.8
Residents requiring restraints.	27	32.5	36.5	41.3
Confused or disoriented residents.	39	47.0	52.1	58.4
Residents with bed sores.	4	4.8	6.9	7.1
Residents receiving special skin care.	39	47.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ENGLISH NURSING HOME

Street Address: 1015 NORTH LEBANON STREET	**City and State:** LEBANON IN 46052

Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	88.6	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	85.7	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	11	31.4	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	54.3	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	48.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	31.4	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	5	14.3	37.1	39.1
Residents requiring restraints.	10	28.6	30.8	31.7
Confused or disoriented residents.	22	62.9	52.2	55.8
Residents with bed sores.	1	2.9	4.4	4.7
Residents receiving special skin care.	3	8.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ESSEX MANOR

Street Address: 301 WEST ESSEX STREET		**City and State:** LEBANON IN 46052	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
21	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	81.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	14	66.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	15	71.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	47.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	38.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	9.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	5	23.8	37.1	39.1
Residents requiring restraints.	4	19.0	30.8	31.7
Confused or disoriented residents.	7	33.3	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKWOOD HEALTH CARE INC

Street Address: 1001 NORTH GRANT STREET		**City and State:** LEBANON IN 46052	
Participation: MEDICAID ICF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
130	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	70.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	95	73.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	77	59.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	53.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	55.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	42	32.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	36	27.7	37.1	39.1
Residents requiring restraints.	44	33.8	30.8	31.7
Confused or disoriented residents.	64	49.2	52.2	55.8
Residents with bed sores.	4	3.1	4.4	4.7
Residents receiving special skin care.	28	21.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST ESTATES

Street Address: 215 WEST HIGH STREET	**City and State:** LIBERTY IN 47353

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	52.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	40	80.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	25	50.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	76.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	22.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	26.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	6	12.0	37.1	39.1
Residents requiring restraints.	6	12.0	30.8	31.7
Confused or disoriented residents.	26	52.0	52.2	55.8
Residents with bed sores.	2	4.0	4.4	4.7
Residents receiving special skin care.	4	8.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK MANOR NH

Street Address: 409 E UNION ST	**City and State:** LIBERTY IN 47353

Participation: MEDICAID ICF	**# of Beds:** 22	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	57.1	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	81.0	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	47.6	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	57.1	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	71.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	28.6	26.9	29.3
Completely bedfast residents.	1	4.8	1.1	3.6
Residents confined to chairs.	4	19.0	37.1	39.1
Residents requiring restraints.	3	14.3	30.8	31.7
Confused or disoriented residents.	14	66.7	52.2	55.8
Residents with bed sores.	3	14.3	4.4	4.7
Residents receiving special skin care.	5	23.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR HEALTH CARE CENTER

Street Address: 400 PONTIAC STREET		**City and State:** LIGONIER IN 46767	
Participation: MEDICAID ICF	**# of Beds:** 61	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	48.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	17	51.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	16	48.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	87.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	42.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	6	18.2	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	18.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	11	33.3	37.1	39.1
Residents requiring restraints.	8	24.2	30.8	31.7
Confused or disoriented residents.	11	33.3	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	3	9.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENNEY HEALTHCARE CENTER

Street Address: 200 KENNEY CIRCLE DRIVE		**City and State:** LIGONIER IN 46767	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 1	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	80.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	38	92.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	34	82.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	87.8	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	65.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	24.4	32.5	37.7
Completely bedfast residents.	1	2.4	2.3	3.4
Residents confined to chairs.	16	39.0	47.1	50.8
Residents requiring restraints.	15	36.6	36.5	41.3
Confused or disoriented residents.	22	53.7	52.1	58.4
Residents with bed sores.	5	12.2	6.9	7.1
Residents receiving special skin care.	19	46.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENBURN REST HAVEN HOME INC

Street Address: RR NO 2 GLENBURN RD	**City and State:** LINTON IN 47441

Participation: MEDICAID ICF	**# of Beds:** 154	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 134	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	93.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	115	85.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	96	71.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	70.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	76.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	11	8.2	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	44	32.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	54	40.3	37.1	39.1
Residents requiring restraints.	62	46.3	30.8	31.7
Confused or disoriented residents.	60	44.8	52.2	55.8
Residents with bed sores.	16	11.9	4.4	4.7
Residents receiving special skin care.	32	23.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINTON NURSING HOME

Street Address: 1501 EAST A STREET	**City and State:** LINTON IN 47441

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	90.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	22	73.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	13	43.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	40.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	33.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	10.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	7	23.3	37.1	39.1
Residents requiring restraints.	11	36.7	30.8	31.7
Confused or disoriented residents.	9	30.0	52.2	55.8
Residents with bed sores.	2	6.7	4.4	4.7
Residents receiving special skin care.	3	10.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMELOT CARE CENTER

Street Address: 1555 COMMERCE STREET	**City and State:** LOGANSPORT IN 46947

Participation: MEDICAID ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	74	100	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	71	95.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	90.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	93.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	17	23.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	49	66.2	26.9	29.3
Completely bedfast residents.	1	1.4	1.1	3.6
Residents confined to chairs.	54	73.0	37.1	39.1
Residents requiring restraints.	1	1.4	30.8	31.7
Confused or disoriented residents.	0	0.0	52.2	55.8
Residents with bed sores.	6	8.1	4.4	4.7
Residents receiving special skin care.	6	8.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHASE CENTER

Street Address: TWO CHASE PARK	**City and State:** LOGANSPORT IN 46947

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 233	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 204	**Medicare Residents:** 1	**Medicaid Residents:** 157

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	149	73.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	142	69.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	116	56.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	59.8	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	57.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	11	5.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	28.9	32.5	37.7
Completely bedfast residents.	3	1.5	2.3	3.4
Residents confined to chairs.	80	39.2	47.1	50.8
Residents requiring restraints.	62	30.4	36.5	41.3
Confused or disoriented residents.	141	69.1	52.1	58.4
Residents with bed sores.	6	2.9	6.9	7.1
Residents receiving special skin care.	30	14.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR INC

Street Address: 200 26TH STREET	**City and State:** LOGANSPORT IN 46947

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	93.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	98	71.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	87	63.5	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	59.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	59.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	24.1	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	46	33.6	47.1	50.8
Residents requiring restraints.	31	22.6	36.5	41.3
Confused or disoriented residents.	49	35.8	52.1	58.4
Residents with bed sores.	7	5.1	6.9	7.1
Residents receiving special skin care.	31	22.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOOGOOTEE NURSING CENTER

Street Address:		**City and State:**	
R R 1 BOX 117		LOOGOOTEE IN 47553	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	74.0	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	78.0	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	66.0	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	62.0	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	64.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	32.0	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	25	50.0	47.1	50.8
Residents requiring restraints.	20	40.0	36.5	41.3
Confused or disoriented residents.	33	66.0	52.1	58.4
Residents with bed sores.	0	0.0	6.9	7.1
Residents receiving special skin care.	7	14.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDCO CENTER OF LOOGOOTEE

Street Address: R R NO 4	**City and State:** LOOGOOTEE IN 47553

Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	90.0	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	53.3	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	33.3	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	36.7	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	30.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	16.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	4	13.3	37.1	39.1
Residents requiring restraints.	6	20.0	30.8	31.7
Confused or disoriented residents.	11	36.7	52.2	55.8
Residents with bed sores.	3	10.0	4.4	4.7
Residents receiving special skin care.	9	30.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
POPLAR VALLEY LIVING CENTER

Street Address: 313 POPLAR AVENUE, PO BOX 247	**City and State:** LOOGOOTEE IN 47553

Participation: MEDICAID ICF	**# of Beds:** 62	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	87.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	34	85.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	67.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	75.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	62.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	17.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	21	52.5	37.1	39.1
Residents requiring restraints.	3	7.5	30.8	31.7
Confused or disoriented residents.	24	60.0	52.2	55.8
Residents with bed sores.	2	5.0	4.4	4.7
Residents receiving special skin care.	1	2.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOWELL HEALTHCARE CENTER

Street Address: 255 BURHAM STREET	**City and State:** LOWELL IN 46356

Participation: MEDICAID ICF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	76.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	42	75.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	42	75.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	100	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	58.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	39.3	26.9	29.3
Completely bedfast residents.	2	3.6	1.1	3.6
Residents confined to chairs.	22	39.3	37.1	39.1
Residents requiring restraints.	27	48.2	30.8	31.7
Confused or disoriented residents.	32	57.1	52.2	55.8
Residents with bed sores.	4	7.1	4.4	4.7
Residents receiving special skin care.	19	33.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LYONS CONVALESCENT CENTER

Street Address: PO BOX 247, C.R. 800 WEST	**City and State:** LYONS IN 47443

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 5	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	95.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	52	78.8	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	42	63.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	65.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	40.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	25.8	32.5	37.7
Completely bedfast residents.	5	7.6	2.3	3.4
Residents confined to chairs.	17	25.8	47.1	50.8
Residents requiring restraints.	8	12.1	36.5	41.3
Confused or disoriented residents.	31	47.0	52.1	58.4
Residents with bed sores.	10	15.2	6.9	7.1
Residents receiving special skin care.	19	28.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLIFTY FALLS CONVALESCENT CENTER

Street Address: 950 CROSS AVENUE		**City and State:** MADISON IN 47250	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	94.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	103	90.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	79	69.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	68.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	64.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	53	46.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	40.4	32.5	37.7
Completely bedfast residents.	4	3.5	2.3	3.4
Residents confined to chairs.	19	16.7	47.1	50.8
Residents requiring restraints.	27	23.7	36.5	41.3
Confused or disoriented residents.	82	71.9	52.1	58.4
Residents with bed sores.	4	3.5	6.9	7.1
Residents receiving special skin care.	0	0.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MADISON NURSING HOME

Street Address: 1945 CRAGMONT STREET	**City and State:** MADISON IN 47250

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	72.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	36	90.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	25	62.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	62.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	57.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	21	52.5	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	10.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	12	30.0	37.1	39.1
Residents requiring restraints.	1	2.5	30.8	31.7
Confused or disoriented residents.	23	57.5	52.2	55.8
Residents with bed sores.	1	2.5	4.4	4.7
Residents receiving special skin care.	4	10.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVER VALLEY LIVING CENTER

Street Address: 702 ELM ST	**City and State:** MADISON IN 47250

Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	80.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	25	83.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	19	63.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	73.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	56.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	20.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	16	53.3	37.1	39.1
Residents requiring restraints.	14	46.7	30.8	31.7
Confused or disoriented residents.	14	46.7	52.2	55.8
Residents with bed sores.	2	6.7	4.4	4.7
Residents receiving special skin care.	1	3.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRADNER VILLAGE

Street Address: 505 BRADNER AVENUE	**City and State:** MARION IN 46952

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 300	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 239	**Medicare Residents:** 4	**Medicaid Residents:** 157

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	203	84.9	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	180	75.3	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	133	55.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	48.5	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	133	55.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	68	28.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	95	39.7	32.5	37.7
Completely bedfast residents.	2	0.8	2.3	3.4
Residents confined to chairs.	130	54.4	47.1	50.8
Residents requiring restraints.	76	31.8	36.5	41.3
Confused or disoriented residents.	120	50.2	52.1	58.4
Residents with bed sores.	12	5.0	6.9	7.1
Residents receiving special skin care.	141	59.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL OAKS HEALTH CARE CENTER

Street Address: 4725 S COLONIAL OAKS DRIVE	**City and State:** MARION IN 46953

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	74.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	80	74.8	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	75	70.1	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	75.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	55.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	18.7	32.5	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	64	59.8	47.1	50.8
Residents requiring restraints.	33	30.8	36.5	41.3
Confused or disoriented residents.	34	31.8	52.1	58.4
Residents with bed sores.	6	5.6	6.9	7.1
Residents receiving special skin care.	40	37.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FLINN MEMORIAL HOME

Street Address: 614 WEST 14TH STREET		**City and State:** MARION IN 46953	
Participation: MEDICAID ICF	**# of Beds:** 154	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	75.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	79	100	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	70	88.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	55.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	59.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	30.4	26.9	29.3
Completely bedfast residents.	1	1.3	1.1	3.6
Residents confined to chairs.	16	20.3	37.1	39.1
Residents requiring restraints.	27	34.2	30.8	31.7
Confused or disoriented residents.	51	64.6	52.2	55.8
Residents with bed sores.	6	7.6	4.4	4.7
Residents receiving special skin care.	7	8.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN AGE NURSING HOME

Street Address: 1800 KEM ROAD	**City and State:** MARION IN 46952

Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	39.1	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	57	82.6	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	43	62.3	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	60.9	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	58.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	11	15.9	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	27.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	21	30.4	37.1	39.1
Residents requiring restraints.	16	23.2	30.8	31.7
Confused or disoriented residents.	41	59.4	52.2	55.8
Residents with bed sores.	1	1.4	4.4	4.7
Residents receiving special skin care.	5	7.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERVIEW MANOR NH

Street Address: 221 N WASHINGTON ST		**City and State:** MARION IN 46952	
Participation: MEDICAID ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	76.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	74	75.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	38	38.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	29.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	33.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	13.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	27	27.6	37.1	39.1
Residents requiring restraints.	21	21.4	30.8	31.7
Confused or disoriented residents.	98	100	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	19	19.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESLEYAN NURSING HOME, INC

Street Address: 518 WEST 36TH STREET	**City and State:** MARION IN 46952

Participation: MEDICAID ICF	**# of Beds:** 154	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	77.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	88	84.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	78	75.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	77.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	68.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	46	44.2	26.9	29.3
Completely bedfast residents.	4	3.8	1.1	3.6
Residents confined to chairs.	78	75.0	37.1	39.1
Residents requiring restraints.	43	41.3	30.8	31.7
Confused or disoriented residents.	54	51.9	52.2	55.8
Residents with bed sores.	6	5.8	4.4	4.7
Residents receiving special skin care.	2	1.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARKLE HEALTH CARE

Street Address: 5730 NORTH 550 WEST	**City and State:** MARKLE IN 46770

Participation: MEDICAID ICF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	84.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	24	72.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	69.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	45.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	24.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	7	21.2	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	9.1	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	4	12.1	37.1	39.1
Residents requiring restraints.	2	6.1	30.8	31.7
Confused or disoriented residents.	9	27.3	52.2	55.8
Residents with bed sores.	1	3.0	4.4	4.7
Residents receiving special skin care.	3	9.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANDVIEW CONVALESCENT CENTER

Street Address: 1959 EAST COLUMBUS STREET		**City and State:** MARTINSVILLE IN 46151	
Participation: MEDICAID ICF	**# of Beds:** 76	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
68	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	67.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	54	79.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	43	63.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	63.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	54.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	29.4	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	42	61.8	37.1	39.1
Residents requiring restraints.	22	32.4	30.8	31.7
Confused or disoriented residents.	31	45.6	52.2	55.8
Residents with bed sores.	5	7.4	4.4	4.7
Residents receiving special skin care.	10	14.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANDVIEW LIVING CENTER

Street Address: 2009 EAST COLUMBUS STREET	**City and State:** MARTINSVILLE IN 46151

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 0	**Medicaid Residents:** 5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	91.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	22	91.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	22	91.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	87.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	79.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	20.8	26.9	29.3
Completely bedfast residents.	1	4.2	1.1	3.6
Residents confined to chairs.	12	50.0	37.1	39.1
Residents requiring restraints.	8	33.3	30.8	31.7
Confused or disoriented residents.	15	62.5	52.2	55.8
Residents with bed sores.	2	8.3	4.4	4.7
Residents receiving special skin care.	2	8.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENNEDY LIVING CENTER

Street Address: 301 WEST HARRISON		**City and State:** MARTINSVILLE IN 46151	
Participation: MEDICAID ICF	**# of Beds:** 119	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	45.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	39	55.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	45	64.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	30.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	35.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	15	21.4	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	14.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	11	15.7	37.1	39.1
Residents requiring restraints.	24	34.3	30.8	31.7
Confused or disoriented residents.	34	48.6	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	10	14.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE HERITAGE HOUSE CONVALESCENT CENTER

Street Address: 2055 HERITAGE DRIVE	**City and State:** MARTINSVILLE IN 46151

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	96.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	98	96.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	72	70.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	81.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	65.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	5	4.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	36.3	32.5	37.7
Completely bedfast residents.	1	1.0	2.3	3.4
Residents confined to chairs.	73	71.6	47.1	50.8
Residents requiring restraints.	25	24.5	36.5	41.3
Confused or disoriented residents.	67	65.7	52.1	58.4
Residents with bed sores.	3	2.9	6.9	7.1
Residents receiving special skin care.	10	9.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINCOLNSHIRE HEALTH CARE CENTER

Street Address: 8380 VIRGINIA STREET		**City and State:** MERRILLVILLE IN 46410	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	78.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	72	79.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	56	61.5	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	83.5	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	52.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	23.1	32.5	37.7
Completely bedfast residents.	2	2.2	2.3	3.4
Residents confined to chairs.	65	71.4	47.1	50.8
Residents requiring restraints.	27	29.7	36.5	41.3
Confused or disoriented residents.	50	54.9	52.1	58.4
Residents with bed sores.	36	39.6	6.9	7.1
Residents receiving special skin care.	36	39.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERRILLVILLE HEALTHCARE CENTER

Street Address: 601 WEST 61 AVENUE	**City and State:** MERRILLVILLE IN 46410

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	**Medicare Residents:** 8	**Medicaid Residents:** 136

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	145	84.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	131	76.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	146	85.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	76.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	123	71.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	33.9	32.5	37.7
Completely bedfast residents.	9	5.3	2.3	3.4
Residents confined to chairs.	110	64.3	47.1	50.8
Residents requiring restraints.	99	57.9	36.5	41.3
Confused or disoriented residents.	85	49.7	52.1	58.4
Residents with bed sores.	11	6.4	6.9	7.1
Residents receiving special skin care.	99	57.9	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH LAKE CARE CENTER

Street Address: 8800 VIRGINIA PLACE	**City and State:** MERRILLVILLE IN 46410

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 229	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 153	**Medicare Residents:** 0	**Medicaid Residents:** 121

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	81.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	136	88.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	116	75.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	79.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	66.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	25.5	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	89	58.2	47.1	50.8
Residents requiring restraints.	61	39.9	36.5	41.3
Confused or disoriented residents.	59	38.6	52.1	58.4
Residents with bed sores.	15	9.8	6.9	7.1
Residents receiving special skin care.	15	9.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOWNE CENTRE HEALTH CARE

Street Address: 7250 ARTHUR BLVD	**City and State:** MERRILLVILLE IN 46410

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	100	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	37	90.2	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	37	90.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	90.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	87.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	34.1	32.5	37.7
Completely bedfast residents.	2	4.9	2.3	3.4
Residents confined to chairs.	23	56.1	47.1	50.8
Residents requiring restraints.	17	41.5	36.5	41.3
Confused or disoriented residents.	19	46.3	52.1	58.4
Residents with bed sores.	2	4.9	6.9	7.1
Residents receiving special skin care.	11	26.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEACH CLIFF LODGE NURSING HOME

Street Address: 1001 LAKE SHORE DRIVE	**City and State:** MICHIGAN CITY IN 46360

Participation: MEDICAID ICF	**# of Beds:** 21	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 0	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	65.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	15	75.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	11	55.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	55.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	60.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	12	60.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	15.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	3	15.0	37.1	39.1
Residents requiring restraints.	0	0.0	30.8	31.7
Confused or disoriented residents.	11	55.0	52.2	55.8
Residents with bed sores.	1	5.0	4.4	4.7
Residents receiving special skin care.	1	5.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKESIDE HEALTH CENTER

Street Address: 802 HIGHWAY 20 EAST	**City and State:** MICHIGAN CITY IN 46360

Participation: MEDICAID ICF	**# of Beds:** 129	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	75.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	45	75.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	46.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	61.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	70.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	4	6.7	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	31.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	11	18.3	37.1	39.1
Residents requiring restraints.	10	16.7	30.8	31.7
Confused or disoriented residents.	41	68.3	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	26	43.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSING CENTER

Street Address: 1101 EAST COOLSPRING AVENUE		**City and State:** MICHIGAN CITY IN 46360	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 264	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
219	11	151

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	160	73.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	152	69.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	130	59.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	164	74.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	133	60.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	94	42.9	32.5	37.7
Completely bedfast residents.	3	1.4	2.3	3.4
Residents confined to chairs.	131	59.8	47.1	50.8
Residents requiring restraints.	44	20.1	36.5	41.3
Confused or disoriented residents.	100	45.7	52.1	58.4
Residents with bed sores.	27	12.3	6.9	7.1
Residents receiving special skin care.	71	32.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RED OAKS HEALTHCARE CENTER

Street Address: 910 SOUTH CARROLL AVENUE	**City and State:** MICHIGAN CITY IN 46360

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	69.2	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	59.0	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	55.1	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	65.4	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	59.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	4	5.1	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	30.8	32.5	37.7
Completely bedfast residents.	3	3.8	2.3	3.4
Residents confined to chairs.	41	52.6	47.1	50.8
Residents requiring restraints.	18	23.1	36.5	41.3
Confused or disoriented residents.	36	46.2	52.1	58.4
Residents with bed sores.	4	5.1	6.9	7.1
Residents receiving special skin care.	3	3.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MIDDLETOWN NURSING CENTER

Street Address: 130 S 10TH ST	**City and State:** MIDDLETOWN IN 47356

Participation: MEDICAID ICF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	89.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	34	89.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	71.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	50.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	78.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	2	5.3	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	13.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	18	47.4	37.1	39.1
Residents requiring restraints.	15	39.5	30.8	31.7
Confused or disoriented residents.	22	57.9	52.2	55.8
Residents with bed sores.	3	7.9	4.4	4.7
Residents receiving special skin care.	3	7.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR

Street Address: BOX 135	**City and State:** MIDDLETOWN IN 47356

Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	96.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	43	84.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	54.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	49.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	52.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	31	60.8	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	27.5	26.9	29.3
Completely bedfast residents.	1	2.0	1.1	3.6
Residents confined to chairs.	26	51.0	37.1	39.1
Residents requiring restraints.	10	19.6	30.8	31.7
Confused or disoriented residents.	32	62.7	52.2	55.8
Residents with bed sores.	2	3.9	4.4	4.7
Residents receiving special skin care.	5	9.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILAN HEALTHCARE CENTER

Street Address: CARR ST	**City and State:** MILAN IN 47031

Participation: MEDICAID ICF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	92.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	54	85.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	40	63.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	57.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	61.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	12.7	26.9	29.3
Completely bedfast residents.	1	1.6	1.1	3.6
Residents confined to chairs.	19	30.2	37.1	39.1
Residents requiring restraints.	9	14.3	30.8	31.7
Confused or disoriented residents.	31	49.2	52.2	55.8
Residents with bed sores.	1	1.6	4.4	4.7
Residents receiving special skin care.	4	6.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKELAND LOVING CARE CENTER INC

Street Address: BOX 767		**City and State:** MILFORD IN 46542	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	58.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	41	68.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	36	60.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	53.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	61.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	30.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	12	20.0	37.1	39.1
Residents requiring restraints.	14	23.3	30.8	31.7
Confused or disoriented residents.	27	45.0	52.2	55.8
Residents with bed sores.	7	11.7	4.4	4.7
Residents receiving special skin care.	20	33.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRYSIDE PLACE

Street Address: 811 E 12TH ST	**City and State:** MISHAWAKA IN 46544

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	84.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	73	73.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	70	70.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	68.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	66.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	20.2	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	45	45.5	47.1	50.8
Residents requiring restraints.	42	42.4	36.5	41.3
Confused or disoriented residents.	41	41.4	52.1	58.4
Residents with bed sores.	7	7.1	6.9	7.1
Residents receiving special skin care.	17	17.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUNTAINVIEW PLACE MISHAWKA

Street Address: 609 W TANGLEWOOD LANE	**City and State:** MISHAWAKA IN 46544

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 147	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 1	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	87.2	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	95	87.2	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	62	56.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	52.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	50.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	23.9	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	62	56.9	47.1	50.8
Residents requiring restraints.	41	37.6	36.5	41.3
Confused or disoriented residents.	45	41.3	52.1	58.4
Residents with bed sores.	9	8.3	6.9	7.1
Residents receiving special skin care.	37	33.9	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPHS CARE CENTER MELROSE

Street Address: 601 S RUSSELL ST		**City and State:** MISHAWAKA IN 46544	
Participation: MEDICAID ICF	**# of Beds:** 38	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
37	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	86.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	26	70.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	25	67.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	43.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	70.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	45.9	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	15	40.5	37.1	39.1
Residents requiring restraints.	14	37.8	30.8	31.7
Confused or disoriented residents.	22	59.5	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	12	32.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MITCHELL MANOR

Street Address: R R 4 BOX 383	**City and State:** MITCHELL IN 47446

Participation: MEDICAID SNF/ICF	**# of Beds:** 195	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 173	**Medicare Residents:** 0	**Medicaid Residents:** 114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	140	80.9	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	131	75.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	123	71.1	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	68.8	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	118	68.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	12	6.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	40.5	32.5	37.7
Completely bedfast residents.	3	1.7	2.3	3.4
Residents confined to chairs.	76	43.9	47.1	50.8
Residents requiring restraints.	85	49.1	36.5	41.3
Confused or disoriented residents.	106	61.3	52.1	58.4
Residents with bed sores.	16	9.2	6.9	7.1
Residents receiving special skin care.	4	2.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONTICELLO COMM HEALTHCARE CENTER

Street Address: 1120 NORTH MAIN STREET	**City and State:** MONTICELLO IN 47960

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 206	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	**Medicare Residents:** 3	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	65.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	74	67.3	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	59	53.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	58.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	62.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	21.8	32.5	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	41	37.3	47.1	50.8
Residents requiring restraints.	33	30.0	36.5	41.3
Confused or disoriented residents.	58	52.7	52.1	58.4
Residents with bed sores.	9	8.2	6.9	7.1
Residents receiving special skin care.	60	54.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR MOORESVILLE

Street Address: 259 W HARRISON	**City and State:** MOORESVILLE IN 46158

Participation: MEDICAID ICF	**# of Beds:** 98	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	94.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	69	78.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	67	76.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	65.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	80.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	38	43.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	47	53.4	37.1	39.1
Residents requiring restraints.	28	31.8	30.8	31.7
Confused or disoriented residents.	75	85.2	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	22	25.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HENDERSON NURSING HOME

Street Address: 140 W WASHINGTON STREET	**City and State:** MORGANTOWN IN 46160

Participation: MEDICAID ICF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	87.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	36	87.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	36	87.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	87.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	87.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	5	12.2	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	31.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	41	100	37.1	39.1
Residents requiring restraints.	11	26.8	30.8	31.7
Confused or disoriented residents.	15	36.6	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	20	48.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORRISTOWN HEALTHCARE CENTER

Street Address: 210 SOUTH WASHINGTON STREET PO BOX 388		**City and State:** MORRISTOWN IN 46161	
Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
44	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	90.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	38	86.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	70.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	72.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	86.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	38.6	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	31	70.5	37.1	39.1
Residents requiring restraints.	11	25.0	30.8	31.7
Confused or disoriented residents.	36	81.8	52.2	55.8
Residents with bed sores.	2	4.5	4.4	4.7
Residents receiving special skin care.	44	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDCO CENTER OF MOUNT VERNON

Street Address: 1415 COUNTRY CLUB ROAD		**City and State:** MOUNT VERNON IN 47620	
Participation: MEDICAID ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	67.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	87	73.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	81	68.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	68.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	63.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	6	5.1	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	39	33.1	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	43	36.4	37.1	39.1
Residents requiring restraints.	53	44.9	30.8	31.7
Confused or disoriented residents.	70	59.3	52.2	55.8
Residents with bed sores.	8	6.8	4.4	4.7
Residents receiving special skin care.	27	22.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MULBERRY LUTHERAN HOME

Street Address: STATE ROAD 38 W JACKSON ST	**City and State:** MULBERRY IN 46058

Participation: MEDICAID ICF	**# of Beds:** 123	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	78.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	57	73.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	47	60.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	55.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	50.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	16.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	52	66.7	37.1	39.1
Residents requiring restraints.	9	11.5	30.8	31.7
Confused or disoriented residents.	38	48.7	52.2	55.8
Residents with bed sores.	2	2.6	4.4	4.7
Residents receiving special skin care.	8	10.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BALL MEM. HOSP. SKILLED CARE CENTER

Street Address: 2401 UNIVERSITY		**City and State:** MUNCIE IN 47303	
Participation: MEDICARE SNF	**# of Beds:** 30	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 19	**Medicare Residents:** 13	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	63.2	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	18	94.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	18	94.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	94.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	73.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	5.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	63.2	32.5	37.7
Completely bedfast residents.	1	5.3	2.3	3.4
Residents confined to chairs.	14	73.7	47.1	50.8
Residents requiring restraints.	9	47.4	36.5	41.3
Confused or disoriented residents.	7	36.8	52.1	58.4
Residents with bed sores.	2	10.5	6.9	7.1
Residents receiving special skin care.	7	36.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHATEAU CONV CENTRE

Street Address: 2400 CHATEAU DR	**City and State:** MUNCIE IN 47303

Participation: MEDICAID ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	82.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	80	81.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	67	68.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	55.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	36.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	53	54.1	26.9	29.3
Completely bedfast residents.	1	1.0	1.1	3.6
Residents confined to chairs.	24	24.5	37.1	39.1
Residents requiring restraints.	43	43.9	30.8	31.7
Confused or disoriented residents.	74	75.5	52.2	55.8
Residents with bed sores.	2	2.0	4.4	4.7
Residents receiving special skin care.	48	49.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DELAWARE COUNTY HEALTH CENTER

Street Address: 7524 EAST JACKSON STREET	**City and State:** MUNCIE IN 47302

Participation: MEDICAID ICF	**# of Beds:** 128	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	93.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	26	57.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	51.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	57.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	60.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	28.9	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	19	42.2	37.1	39.1
Residents requiring restraints.	15	33.3	30.8	31.7
Confused or disoriented residents.	26	57.8	52.2	55.8
Residents with bed sores.	4	8.9	4.4	4.7
Residents receiving special skin care.	22	48.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUNTAINVIEW PLACE

Street Address: 2701 LYN-MAR DRIVE	**City and State:** MUNCIE IN 47302

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 149	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 2	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	88.2	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	64	62.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	58	56.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	50.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	56.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	26.5	32.5	37.7
Completely bedfast residents.	7	6.9	2.3	3.4
Residents confined to chairs.	31	30.4	47.1	50.8
Residents requiring restraints.	30	29.4	36.5	41.3
Confused or disoriented residents.	99	97.1	52.1	58.4
Residents with bed sores.	6	5.9	6.9	7.1
Residents receiving special skin care.	30	29.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MUNCIE HEALTH CARE CENTER

Street Address: 4301 NORTH WALNUT STREET	**City and State:** MUNCIE IN 47305

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	**Medicare Residents:** 2	**Medicaid Residents:** 116

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	141	91.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	129	83.2	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	102	65.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	69.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	58.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	14	9.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	27.1	32.5	37.7
Completely bedfast residents.	2	1.3	2.3	3.4
Residents confined to chairs.	58	37.4	47.1	50.8
Residents requiring restraints.	53	34.2	36.5	41.3
Confused or disoriented residents.	72	46.5	52.1	58.4
Residents with bed sores.	18	11.6	6.9	7.1
Residents receiving special skin care.	48	31.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHEAST HEALTHCARE CENTER OF MUNCIE

Street Address: 505 NORTH GAVIN ST P O BOX 588		**City and State:** MUNCIE IN 47304	
Participation: MEDICAID ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	75.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	22	75.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	79.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	75.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	82.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	48.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	19	65.5	37.1	39.1
Residents requiring restraints.	18	62.1	30.8	31.7
Confused or disoriented residents.	5	17.2	52.2	55.8
Residents with bed sores.	4	13.8	4.4	4.7
Residents receiving special skin care.	5	17.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW NURSING CENTER

Street Address: 2200 WHITE RIVER BLVD	**City and State:** MUNCIE IN 47303

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 2	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	64.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	59	67.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	61	69.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	65.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	54.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	10	11.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	43.2	32.5	37.7
Completely bedfast residents.	1	1.1	2.3	3.4
Residents confined to chairs.	40	45.5	47.1	50.8
Residents requiring restraints.	34	38.6	36.5	41.3
Confused or disoriented residents.	36	40.9	52.1	58.4
Residents with bed sores.	12	13.6	6.9	7.1
Residents receiving special skin care.	41	46.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEWOOD MANOR

Street Address: 5200 SOUTH BURLINGTON DRIVE	**City and State:** MUNCIE IN 47302

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	89.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	37	97.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	73.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	100	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	55.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	42.1	26.9	29.3
Completely bedfast residents.	1	2.6	1.1	3.6
Residents confined to chairs.	16	42.1	37.1	39.1
Residents requiring restraints.	17	44.7	30.8	31.7
Confused or disoriented residents.	28	73.7	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	18	47.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE WOODLANDS

Street Address: 3820 WEST JACKSON STREET	**City and State:** MUNCIE IN 47304

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	64.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	64	71.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	62	69.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	70.8	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	67.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	33.7	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	36	40.4	47.1	50.8
Residents requiring restraints.	28	31.5	36.5	41.3
Confused or disoriented residents.	50	56.2	52.1	58.4
Residents with bed sores.	5	5.6	6.9	7.1
Residents receiving special skin care.	60	67.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTMINSTER VILLAGE MUNCIE, INC

Street Address: 5801 WEST BETHEL AVENUE	**City and State:** MUNCIE IN 47302

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	303	NON-PROFIT OTHER	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
71	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	83.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	63	88.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	49	69.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	67.6	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	77.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	49.3	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	35	49.3	47.1	50.8
Residents requiring restraints.	28	39.4	36.5	41.3
Confused or disoriented residents.	41	57.7	52.1	58.4
Residents with bed sores.	3	4.2	6.9	7.1
Residents receiving special skin care.	10	14.1	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MUNSTER MED INN

Street Address:		**City and State:**	
7935 CALUMET AVENUE		MUNSTER IN 46321	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	286	PROPRIETARY	08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
206	35	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	140	68.0	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	175	85.0	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	169	82.0	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	172	83.5	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	162	78.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	80	38.8	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	35.0	32.5	37.7
Completely bedfast residents.	5	2.4	2.3	3.4
Residents confined to chairs.	101	49.0	47.1	50.8
Residents requiring restraints.	128	62.1	36.5	41.3
Confused or disoriented residents.	107	51.9	52.1	58.4
Residents with bed sores.	15	7.3	6.9	7.1
Residents receiving special skin care.	115	55.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUANN NURSING HOME

Street Address: 952 WEST WALNUT STREET	**City and State:** NAPPANEE IN 46550

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	87.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	42	87.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	36	75.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	75.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	77.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	41.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	36	75.0	37.1	39.1
Residents requiring restraints.	17	35.4	30.8	31.7
Confused or disoriented residents.	26	54.2	52.2	55.8
Residents with bed sores.	1	2.1	4.4	4.7
Residents receiving special skin care.	5	10.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROWN COUNTY COMMUNITY CARE

Street Address: BOX 667		**City and State:** NASHVILLE IN 47448	
Participation: MEDICAID ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	94.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	49	86.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	50	87.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	70.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	91.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	38.6	26.9	29.3
Completely bedfast residents.	7	12.3	1.1	3.6
Residents confined to chairs.	16	28.1	37.1	39.1
Residents requiring restraints.	21	36.8	30.8	31.7
Confused or disoriented residents.	49	86.0	52.2	55.8
Residents with bed sores.	1	1.8	4.4	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREEN VALLEY CONVALESCENT CENTER

Street Address: 3118 GREEN VALLEY RD		**City and State:** NEW ALBANY IN 47150	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 248	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
239	0	189

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	210	87.9	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	230	96.2	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	191	79.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	210	87.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	181	75.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	118	49.4	32.5	37.7
Completely bedfast residents.	15	6.3	2.3	3.4
Residents confined to chairs.	89	37.2	47.1	50.8
Residents requiring restraints.	120	50.2	36.5	41.3
Confused or disoriented residents.	133	55.6	52.1	58.4
Residents with bed sores.	7	2.9	6.9	7.1
Residents receiving special skin care.	101	42.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINCOLN HILLS OF NEW ALBANY

Street Address: 326 COUNTRY CLUB DR		**City and State:** NEW ALBANY IN 47150	
Participation: MEDICAID ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
184	0	138

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	166	90.2	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	167	90.8	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	138	75.0	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	69.0	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	123	66.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	34.8	26.9	29.3
Completely bedfast residents.	10	5.4	1.1	3.6
Residents confined to chairs.	76	41.3	37.1	39.1
Residents requiring restraints.	48	26.1	30.8	31.7
Confused or disoriented residents.	92	50.0	52.2	55.8
Residents with bed sores.	9	4.9	4.4	4.7
Residents receiving special skin care.	26	14.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW ALBANY NURSING HOME

Street Address: 1919 BONO ROAD		**City and State:** NEW ALBANY IN 47150	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	82.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	27	69.2	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	17	43.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	79.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	61.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	7.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	21	53.8	37.1	39.1
Residents requiring restraints.	8	20.5	30.8	31.7
Confused or disoriented residents.	27	69.2	52.2	55.8
Residents with bed sores.	1	2.6	4.4	4.7
Residents receiving special skin care.	4	10.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROLLING HILLS HEALTH CARE CENTER

Street Address: 3625 ST JOSEPH ROAD	**City and State:** NEW ALBANY IN 47150

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	93.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	64	68.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	51	54.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	37.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	54.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	3	3.2	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	14.9	26.9	29.3
Completely bedfast residents.	2	2.1	1.1	3.6
Residents confined to chairs.	33	35.1	37.1	39.1
Residents requiring restraints.	25	26.6	30.8	31.7
Confused or disoriented residents.	53	56.4	52.2	55.8
Residents with bed sores.	1	1.1	4.4	4.7
Residents receiving special skin care.	40	42.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAMILTON GROVE

Street Address: 31869 CHICAGO TRAIL	**City and State:** NEW CARLISLE IN 46552

Participation: MEDICAID ICF	**# of Beds:** 174	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	71	98.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	57	79.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	80.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	75.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	33.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	46	63.9	37.1	39.1
Residents requiring restraints.	32	44.4	30.8	31.7
Confused or disoriented residents.	48	66.7	52.2	55.8
Residents with bed sores.	5	6.9	4.4	4.7
Residents receiving special skin care.	7	9.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR

Street Address: 220 EAST DUNN ROAD, PO BOX 660	**City and State:** NEW CARLISLE IN 46552

Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	89.4	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	50	75.8	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	46	69.7	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	59.1	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	68.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	1.5	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	28.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	23	34.8	37.1	39.1
Residents requiring restraints.	18	27.3	30.8	31.7
Confused or disoriented residents.	34	51.5	52.2	55.8
Residents with bed sores.	6	9.1	4.4	4.7
Residents receiving special skin care.	10	15.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HOUSE OF NEW CASTLE

Street Address: 1023 NORTH 20TH STREET, PO BOX 546	**City and State:** NEW CASTLE IN 47362

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 111	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	81.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	75	89.3	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	68	81.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	82.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	51.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	31.0	32.5	37.7
Completely bedfast residents.	3	3.6	2.3	3.4
Residents confined to chairs.	56	66.7	47.1	50.8
Residents requiring restraints.	41	48.8	36.5	41.3
Confused or disoriented residents.	42	50.0	52.1	58.4
Residents with bed sores.	0	0.0	6.9	7.1
Residents receiving special skin care.	11	13.1	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLY HILL NURSING HOME

Street Address: 901 NORTH 16TH STREET	**City and State:** NEW CASTLE IN 47362

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	81.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	26	81.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	13	40.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	62.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	53.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	25.0	26.9	29.3
Completely bedfast residents.	1	3.1	1.1	3.6
Residents confined to chairs.	9	28.1	37.1	39.1
Residents requiring restraints.	10	31.3	30.8	31.7
Confused or disoriented residents.	14	43.8	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	11	34.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW CASTLE COMMUNITY CARE CENTER

Street Address: 115 N 10TH ST		**City and State:** NEW CASTLE IN 47362	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	57.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	41	73.2	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	55.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	82.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	53.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	30.4	26.9	29.3
Completely bedfast residents.	8	14.3	1.1	3.6
Residents confined to chairs.	21	37.5	37.1	39.1
Residents requiring restraints.	11	19.6	30.8	31.7
Confused or disoriented residents.	22	39.3	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	1	1.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW CASTLE HEALTHCARE CENTER

Street Address: 990 N 16TH ST	**City and State:** NEW CASTLE IN 47362

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 195	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 1	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	85.8	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	80.0	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	27	22.5	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	73.3	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	63.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	41.7	32.5	37.7
Completely bedfast residents.	2	1.7	2.3	3.4
Residents confined to chairs.	66	55.0	47.1	50.8
Residents requiring restraints.	49	40.8	36.5	41.3
Confused or disoriented residents.	88	73.3	52.1	58.4
Residents with bed sores.	3	2.5	6.9	7.1
Residents receiving special skin care.	101	84.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKWOOD HEALTH CARE CENTER

Street Address: 1000 N 16TH ST		**City and State:** NEW CASTLE IN 47362	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 3	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	96.2	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	26	100	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	25	96.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	100	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	100	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	38.5	32.5	37.7
Completely bedfast residents.	2	7.7	2.3	3.4
Residents confined to chairs.	11	42.3	47.1	50.8
Residents requiring restraints.	17	65.4	36.5	41.3
Confused or disoriented residents.	13	50.0	52.1	58.4
Residents with bed sores.	4	15.4	6.9	7.1
Residents receiving special skin care.	9	34.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW HARMONY HEALTH CARE COMMUNITY

Street Address: 1300 CHURCH STREET, SR 66		**City and State:** NEW HARMONY IN 47631	
Participation: MEDICAID ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
10	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	10	100	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	8	80.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	80.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	80.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	3	30.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	50.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	1	10.0	37.1	39.1
Residents requiring restraints.	6	60.0	30.8	31.7
Confused or disoriented residents.	4	40.0	52.2	55.8
Residents with bed sores.	4	40.0	4.4	4.7
Residents receiving special skin care.	10	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIGHTON HALL NURSING CENTER

Street Address: 1201 DALY DRIVE		**City and State:** NEW HAVEN IN 46774	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
103	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	86.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	87	84.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	86	83.5	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	65.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	61.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	37.9	32.5	37.7
Completely bedfast residents.	1	1.0	2.3	3.4
Residents confined to chairs.	71	68.9	47.1	50.8
Residents requiring restraints.	44	42.7	36.5	41.3
Confused or disoriented residents.	46	44.7	52.1	58.4
Residents with bed sores.	8	7.8	6.9	7.1
Residents receiving special skin care.	17	16.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEWBURGH HEALTH CARE AND RES CENTER

Street Address: 10466 POLLACK AVENUE	**City and State:** NEWBURGH IN 47630

Participation: MEDICAID ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	82.4	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	84	82.4	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	67	65.7	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	63.7	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	66.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	35.3	26.9	29.3
Completely bedfast residents.	2	2.0	1.1	3.6
Residents confined to chairs.	64	62.7	37.1	39.1
Residents requiring restraints.	47	46.1	30.8	31.7
Confused or disoriented residents.	49	48.0	52.2	55.8
Residents with bed sores.	3	2.9	4.4	4.7
Residents receiving special skin care.	39	38.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDCO CENTER OF NEWBURGH

Street Address: 4255 MEDWELL DRIVE		**City and State:** NEWBURGH IN 47630	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	72.3	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	83.2	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	68.3	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	86.1	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	70.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	37.6	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	63	62.4	47.1	50.8
Residents requiring restraints.	44	43.6	36.5	41.3
Confused or disoriented residents.	71	70.3	52.1	58.4
Residents with bed sores.	16	15.8	6.9	7.1
Residents receiving special skin care.	16	15.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLANDS CONVALESCENT CENTER

Street Address: 4088 FRAME ROAD	**City and State:** NEWBURGH IN 47630

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 1	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	65.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	52	77.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	44	65.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	89.6	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	61.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	26.9	32.5	37.7
Completely bedfast residents.	4	6.0	2.3	3.4
Residents confined to chairs.	21	31.3	47.1	50.8
Residents requiring restraints.	31	46.3	36.5	41.3
Confused or disoriented residents.	24	35.8	52.1	58.4
Residents with bed sores.	5	7.5	6.9	7.1
Residents receiving special skin care.	46	68.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARBOUR MANOR CARE CTR OF ST JOHN'S

Street Address: 1667 SHERIDAN ROAD		**City and State:** NOBLESVILLE IN 46060	
Participation: MEDICAID ICF	**# of Beds:** 87	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	94.7	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	36	94.7	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	65.8	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	63.2	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	65.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	18.4	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	12	31.6	37.1	39.1
Residents requiring restraints.	5	13.2	30.8	31.7
Confused or disoriented residents.	17	44.7	52.2	55.8
Residents with bed sores.	3	7.9	4.4	4.7
Residents receiving special skin care.	22	57.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NOBLESVILLE HEALTHCARE CENTER

Street Address: 295 WESTFIELD ROAD		**City and State:** NOBLESVILLE IN 46060	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 195	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
156	2	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	141	90.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	142	91.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	118	75.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	60.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	51.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	32	20.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	68	43.6	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	63	40.4	47.1	50.8
Residents requiring restraints.	57	36.5	36.5	41.3
Confused or disoriented residents.	71	45.5	52.1	58.4
Residents with bed sores.	10	6.4	6.9	7.1
Residents receiving special skin care.	96	61.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NOBLESVILLE NURSING HOME

Street Address: 1391 GREENFIELD PIKE	**City and State:** NOBLESVILLE IN 46060

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	71.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	26	68.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	60.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	65.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	60.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	47.4	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	21	55.3	37.1	39.1
Residents requiring restraints.	16	42.1	30.8	31.7
Confused or disoriented residents.	27	71.1	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE MANOR HOUSE AT RIVERVIEW

Street Address: 395 WESTFIELD ROAD	**City and State:** NOBLESVILLE IN 46060

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	**Medicare Residents:** 7	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	93.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	31	100	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	28	90.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	90.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	61.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	6.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	45.2	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	28	90.3	47.1	50.8
Residents requiring restraints.	5	16.1	36.5	41.3
Confused or disoriented residents.	19	61.3	52.1	58.4
Residents with bed sores.	2	6.5	6.9	7.1
Residents receiving special skin care.	14	45.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE ESTELLE PEABODY MEMORIAL HM

Street Address: 400 W 7TH STREET	**City and State:** NORTH MANCHESTER IN 46962

Participation: MEDICAID ICF	**# of Beds:** 285	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	98.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	77	57.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	64	47.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	58.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	43.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	27	20.0	26.9	29.3
Completely bedfast residents.	1	0.7	1.1	3.6
Residents confined to chairs.	88	65.2	37.1	39.1
Residents requiring restraints.	43	31.9	30.8	31.7
Confused or disoriented residents.	68	50.4	52.2	55.8
Residents with bed sores.	5	3.7	4.4	4.7
Residents receiving special skin care.	20	14.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TIMBERCREST-CHURCH OF BRETHREN HOME

Street Address: EAST ST PO BOX 368		**City and State:** NORTH MANCHESTER IN 46962	
Participation: MEDICAID ICF	**# of Beds:** 190	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
41	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	41	100	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	39	95.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	92.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	90.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	34.1	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	35	85.4	37.1	39.1
Residents requiring restraints.	25	61.0	30.8	31.7
Confused or disoriented residents.	25	61.0	52.2	55.8
Residents with bed sores.	3	7.3	4.4	4.7
Residents receiving special skin care.	41	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMM CARE CENTER OF NORTH VERNON

Street Address:	**City and State:**
1200 WEST O AND M AVE P O BOX 640	NORTH VERNON IN 47265

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	108	PROPRIETARY	03/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	74.0	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	76.0	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	76.0	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	32.0	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	62.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	7	14.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	20.0	26.9	29.3
Completely bedfast residents.	2	4.0	1.1	3.6
Residents confined to chairs.	27	54.0	37.1	39.1
Residents requiring restraints.	27	54.0	30.8	31.7
Confused or disoriented residents.	47	94.0	52.2	55.8
Residents with bed sores.	3	6.0	4.4	4.7
Residents receiving special skin care.	3	6.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH VERNON NURSING HOME

Street Address: 810 NORTH ELM STREET	**City and State:** NORTH VERNON IN 47265

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	73.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	27	73.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	25	67.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	40.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	51.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	3	8.1	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	18.9	26.9	29.3
Completely bedfast residents.	1	2.7	1.1	3.6
Residents confined to chairs.	18	48.6	37.1	39.1
Residents requiring restraints.	18	48.6	30.8	31.7
Confused or disoriented residents.	11	29.7	52.2	55.8
Residents with bed sores.	1	2.7	4.4	4.7
Residents receiving special skin care.	5	13.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN HOME INC

Street Address: 210 N GIBSON ST		**City and State:** OAKLAND CITY IN 47660	
Participation: MEDICAID ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	67.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	84	84.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	64	64.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	62.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	54.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	3	3.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	30	30.0	26.9	29.3
Completely bedfast residents.	1	1.0	1.1	3.6
Residents confined to chairs.	35	35.0	37.1	39.1
Residents requiring restraints.	25	25.0	30.8	31.7
Confused or disoriented residents.	31	31.0	52.2	55.8
Residents with bed sores.	7	7.0	4.4	4.7
Residents receiving special skin care.	7	7.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK VILLAGE INC

Street Address: PO BOX 265, 4TH & SCHOOL STREETS	**City and State:** OAKTOWN IN 47561

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	NON-PROFIT OTHER	02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	82.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	39	86.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	30	66.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	66.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	66.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	42.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	5	11.1	37.1	39.1
Residents requiring restraints.	21	46.7	30.8	31.7
Confused or disoriented residents.	5	11.1	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	35	77.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BERTHA D GARTEM KETCHAM MEM CENTER INC

Street Address: 601 EAST RACE STREET	**City and State:** ODON IN 47562

Participation: MEDICAID ICF	**# of Beds:** 62	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	91.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	49	83.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	45	76.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	66.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	45.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	15.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	20	33.9	37.1	39.1
Residents requiring restraints.	29	49.2	30.8	31.7
Confused or disoriented residents.	18	30.5	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	1	1.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANDERLEY HEALTH CARE CTR

Street Address: US 421 SOUTH		**City and State:** OSGOOD IN 47037	
Participation: MEDICAID ICF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	75.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	57	81.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	40	57.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	65.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	47.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	11	15.7	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	10.0	26.9	29.3
Completely bedfast residents.	5	7.1	1.1	3.6
Residents confined to chairs.	38	54.3	37.1	39.1
Residents requiring restraints.	27	38.6	30.8	31.7
Confused or disoriented residents.	0	0.0	52.2	55.8
Residents with bed sores.	4	5.7	4.4	4.7
Residents receiving special skin care.	10	14.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OSSIAN HEALTH CARE CENTER

Street Address: 215 DAVIS ROAD P O BOX 589	**City and State:** OSSIAN IN 46777

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	90.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	76	80.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	65	68.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	78.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	54.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	19	20.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	20.0	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	41	43.2	47.1	50.8
Residents requiring restraints.	17	17.9	36.5	41.3
Confused or disoriented residents.	43	45.3	52.1	58.4
Residents with bed sores.	3	3.2	6.9	7.1
Residents receiving special skin care.	11	11.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OTTERBEIN CARE CENTER

Street Address: US 52 P O BOX 580	**City and State:** OTTERBEIN IN 47970

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	76.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	32	74.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	65.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	58.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	86.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	3	7.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	30.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	8	18.6	37.1	39.1
Residents requiring restraints.	15	34.9	30.8	31.7
Confused or disoriented residents.	23	53.5	52.2	55.8
Residents with bed sores.	3	7.0	4.4	4.7
Residents receiving special skin care.	27	62.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OWENSVILLE CONVALESCENT CENTER INC

Street Address: HIGHWAY I65, PO BOX 368		**City and State:** OWENSVILLE IN 47565	
Participation: MEDICAID ICF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
67	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	73.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	55	82.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	40	59.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	73.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	53.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	35.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	34	50.7	37.1	39.1
Residents requiring restraints.	28	41.8	30.8	31.7
Confused or disoriented residents.	35	52.2	52.2	55.8
Residents with bed sores.	3	4.5	4.4	4.7
Residents receiving special skin care.	3	4.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDGEWOOD HEALTHCARE

Street Address: RR 1 BOX 253 HIGHWAY 55 SOUTH		**City and State:** OXFORD IN 47971	
Participation: MEDICAID ICF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	74.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	37	74.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	62.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	60.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	74.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	24.0	26.9	29.3
Completely bedfast residents.	2	4.0	1.1	3.6
Residents confined to chairs.	12	24.0	37.1	39.1
Residents requiring restraints.	23	46.0	30.8	31.7
Confused or disoriented residents.	31	62.0	52.2	55.8
Residents with bed sores.	9	18.0	4.4	4.7
Residents receiving special skin care.	9	18.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PAOLI NURSING HOME

Street Address: 111 W HOSPITAL VIEW RD		**City and State:** PAOLI IN 47454	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
36	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	88.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	27	75.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	63.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	63.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	58.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	3	8.3	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	58.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	12	33.3	37.1	39.1
Residents requiring restraints.	13	36.1	30.8	31.7
Confused or disoriented residents.	22	61.1	52.2	55.8
Residents with bed sores.	3	8.3	4.4	4.7
Residents receiving special skin care.	4	11.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHRYSTALS COUNTRY HOME INC

Street Address: RANDOLPH ST		**City and State:** PARKER CITY IN 47368	
Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	0	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	78	83.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	75	80.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	66.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	76.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	48	51.6	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	37	39.8	26.9	29.3
Completely bedfast residents.	1	1.1	1.1	3.6
Residents confined to chairs.	30	32.3	37.1	39.1
Residents requiring restraints.	37	39.8	30.8	31.7
Confused or disoriented residents.	43	46.2	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	33	35.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RAWLINS HOUSE INC

Street Address: 300 J H WALKER DR	**City and State:** PENDLETON IN 46064

Participation: MEDICAID ICF	**# of Beds:** 134	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
113	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	76.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	92	81.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	77	68.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	76.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	67.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	0.9	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	58	51.3	26.9	29.3
Completely bedfast residents.	1	0.9	1.1	3.6
Residents confined to chairs.	36	31.9	37.1	39.1
Residents requiring restraints.	65	57.5	30.8	31.7
Confused or disoriented residents.	68	60.2	52.2	55.8
Residents with bed sores.	7	6.2	4.4	4.7
Residents receiving special skin care.	42	37.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DUKES MEM HOSP CONTINUING CARE CTR

Street Address:	**City and State:**
GRANT & BOULEVARD	PERU IN 46970

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	35	LOCAL GOVERNMENT	01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
16	6	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	9	56.3	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	14	87.5	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	14	87.5	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	75.0	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	68.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	25.0	32.5	37.7
Completely bedfast residents.	1	6.3	2.3	3.4
Residents confined to chairs.	6	37.5	47.1	50.8
Residents requiring restraints.	3	18.8	36.5	41.3
Confused or disoriented residents.	4	25.0	52.1	58.4
Residents with bed sores.	3	18.8	6.9	7.1
Residents receiving special skin care.	5	31.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR INC

Street Address: 317 BLAIR PIKE P O BOX 124	**City and State:** PERU IN 46970

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 198	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 183	**Medicare Residents:** 1	**Medicaid Residents:** 120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	151	82.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	160	87.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	121	66.1	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	74.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	49.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	10	5.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	30.1	32.5	37.7
Completely bedfast residents.	6	3.3	2.3	3.4
Residents confined to chairs.	41	22.4	47.1	50.8
Residents requiring restraints.	36	19.7	36.5	41.3
Confused or disoriented residents.	69	37.7	52.1	58.4
Residents with bed sores.	8	4.4	6.9	7.1
Residents receiving special skin care.	70	38.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PERU NURSING HOME

Street Address: 390 W BLVD	**City and State:** PERU IN 46970

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	46.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	27	90.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	16	53.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	53.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	53.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	20.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	10	33.3	37.1	39.1
Residents requiring restraints.	7	23.3	30.8	31.7
Confused or disoriented residents.	9	30.0	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PETERSBURG HEALTHCARE CENTER INC

Street Address: PIKE AVE BOX 100	**City and State:** PETERSBURG IN 47567

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 134	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 0	**Medicaid Residents:** 93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	74.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	88	75.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	73	62.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	76.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	57.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	37.9	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	70	60.3	47.1	50.8
Residents requiring restraints.	43	37.1	36.5	41.3
Confused or disoriented residents.	68	58.6	52.1	58.4
Residents with bed sores.	9	7.8	6.9	7.1
Residents receiving special skin care.	11	9.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTUMN CARE CLARKS CREEK

Street Address: 3700 CLARKS CREEK ROAD		**City and State:** PLAINFIELD IN 46168	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 199	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
169	3	106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	75.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	137	81.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	130	76.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	65.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	68.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	31.4	32.5	37.7
Completely bedfast residents.	1	0.6	2.3	3.4
Residents confined to chairs.	112	66.3	47.1	50.8
Residents requiring restraints.	54	32.0	36.5	41.3
Confused or disoriented residents.	97	57.4	52.1	58.4
Residents with bed sores.	13	7.7	6.9	7.1
Residents receiving special skin care.	37	21.9	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VINEWOOD NURSING HOME INC

Street Address: 404 NORTH VINE ST		**City and State:** PLAINFIELD IN 46168	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
32	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	75.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	23	71.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	22	68.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	62.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	68.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	25.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	18	56.3	37.1	39.1
Residents requiring restraints.	11	34.4	30.8	31.7
Confused or disoriented residents.	17	53.1	52.2	55.8
Residents with bed sores.	1	3.1	4.4	4.7
Residents receiving special skin care.	3	9.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAYFLOWER NURSING CENTER

Street Address: 309 KINGSTON DRIVE		**City and State:** PLYMOUTH IN 46563	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	85.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	24	85.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	82.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	75.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	85.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	53.6	26.9	29.3
Completely bedfast residents.	2	7.1	1.1	3.6
Residents confined to chairs.	13	46.4	37.1	39.1
Residents requiring restraints.	10	35.7	30.8	31.7
Confused or disoriented residents.	21	75.0	52.2	55.8
Residents with bed sores.	1	3.6	4.4	4.7
Residents receiving special skin care.	3	10.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLER'S MERRY MANOR INC

Street Address: 600 WEST OAKHILL AVENUE BOX 498	**City and State:** PLYMOUTH IN 46563

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 5	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	67.6	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	81.1	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	64.0	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	66.7	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	70.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	15.3	32.5	37.7
Completely bedfast residents.	2	1.8	2.3	3.4
Residents confined to chairs.	35	31.5	47.1	50.8
Residents requiring restraints.	47	42.3	36.5	41.3
Confused or disoriented residents.	76	68.5	52.1	58.4
Residents with bed sores.	4	3.6	6.9	7.1
Residents receiving special skin care.	13	11.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PILGRIM MANOR REHAB + CONV CENTER

Street Address: 222 PARKVIEW ST	**City and State:** PLYMOUTH IN 46563

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	2	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	74.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	67	87.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	49	63.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	67.5	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	68.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	19.5	32.5	37.7
Completely bedfast residents.	1	1.3	2.3	3.4
Residents confined to chairs.	32	41.6	47.1	50.8
Residents requiring restraints.	29	37.7	36.5	41.3
Confused or disoriented residents.	59	76.6	52.1	58.4
Residents with bed sores.	10	13.0	6.9	7.1
Residents receiving special skin care.	34	44.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUNTAINVIEW PLACE OF PORTAGE

Street Address: 3175 LANCER ST	**City and State:** PORTAGE IN 46368

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 226	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	**Medicare Residents:** 3	**Medicaid Residents:** 103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	84.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	106	77.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	88	64.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	61.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	60.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	24.8	32.5	37.7
Completely bedfast residents.	1	0.7	2.3	3.4
Residents confined to chairs.	110	80.3	47.1	50.8
Residents requiring restraints.	70	51.1	36.5	41.3
Confused or disoriented residents.	83	60.6	52.1	58.4
Residents with bed sores.	4	2.9	6.9	7.1
Residents receiving special skin care.	99	72.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLER'S MERRY MANOR, INC.

Street Address: 5909 LUTE ROAD		**City and State:** PORTAGE IN 46368	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
40	1	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	57.5	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	23	57.5	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	57.5	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	57.5	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	42.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	2.5	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	25.0	32.5	37.7
Completely bedfast residents.	2	5.0	2.3	3.4
Residents confined to chairs.	9	22.5	47.1	50.8
Residents requiring restraints.	14	35.0	36.5	41.3
Confused or disoriented residents.	17	42.5	52.1	58.4
Residents with bed sores.	10	25.0	6.9	7.1
Residents receiving special skin care.	9	22.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PORTLAND COMMUNITY CARE CENTER EAST

Street Address: 510 WEST HIGH STREET		**City and State:** PORTLAND IN 47371	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	94.8	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	82.8	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	58.6	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	74.1	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	72.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	24.1	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	34	58.6	37.1	39.1
Residents requiring restraints.	21	36.2	30.8	31.7
Confused or disoriented residents.	41	70.7	52.2	55.8
Residents with bed sores.	1	1.7	4.4	4.7
Residents receiving special skin care.	1	1.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PORTLAND COMMUNITY CARE CENTER WEST

Street Address: 200 NORTH PARK STREET P O BOX 1012		**City and State:** PORTLAND IN 47371	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 112	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	2	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	89.6	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	85.7	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	79.2	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	76.6	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	61.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	37.7	32.5	37.7
Completely bedfast residents.	2	2.6	2.3	3.4
Residents confined to chairs.	54	70.1	47.1	50.8
Residents requiring restraints.	36	46.8	36.5	41.3
Confused or disoriented residents.	49	63.6	52.1	58.4
Residents with bed sores.	9	11.7	6.9	7.1
Residents receiving special skin care.	11	14.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALLISON NH INC

Street Address: LOCUST ST	**City and State:** POSEYVILLE IN 47633

Participation: MEDICAID ICF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	82.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	26	76.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	19	55.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	58.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	61.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	9	26.5	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	26.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	13	38.2	37.1	39.1
Residents requiring restraints.	17	50.0	30.8	31.7
Confused or disoriented residents.	19	55.9	52.2	55.8
Residents with bed sores.	1	2.9	4.4	4.7
Residents receiving special skin care.	24	70.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOREST DEL CONVALESCENT CENTER

Street Address: 1020 WEST VINE STREET	**City and State:** PRINCETON IN 47670

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	57.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	70	75.3	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	65	69.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	57.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	57.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	60.2	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	50	53.8	47.1	50.8
Residents requiring restraints.	38	40.9	36.5	41.3
Confused or disoriented residents.	42	45.2	52.1	58.4
Residents with bed sores.	1	1.1	6.9	7.1
Residents receiving special skin care.	6	6.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GIBSON GEN HOSP SNF

Street Address: 1808 SHERMAN DRIVE	**City and State:** PRINCETON IN 47670

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 118	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 6	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	80.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	37	90.2	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	37	90.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	87.8	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	65.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	12	29.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	48.8	32.5	37.7
Completely bedfast residents.	8	19.5	2.3	3.4
Residents confined to chairs.	17	41.5	47.1	50.8
Residents requiring restraints.	14	34.1	36.5	41.3
Confused or disoriented residents.	17	41.5	52.1	58.4
Residents with bed sores.	2	4.9	6.9	7.1
Residents receiving special skin care.	12	29.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLIDAY MANOR

Street Address: R R 4 SIXTH AVENUE	**City and State:** PRINCETON IN 47670

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	91	PROPRIETARY	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	73.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	64	81.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	57	72.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	72.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	70.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	52	65.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	52	65.8	37.1	39.1
Residents requiring restraints.	39	49.4	30.8	31.7
Confused or disoriented residents.	54	68.4	52.2	55.8
Residents with bed sores.	9	11.4	4.4	4.7
Residents receiving special skin care.	79	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RENSSELAER CARE CENTER

Street Address: 1109 EAST GRACE STREET	**City and State:** RENSSELAER IN 47978

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 141	**Medicare Residents:** 6	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	99	70.2	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	95	67.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	92	65.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	62.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	48.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	17.0	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	76	53.9	47.1	50.8
Residents requiring restraints.	43	30.5	36.5	41.3
Confused or disoriented residents.	48	34.0	52.1	58.4
Residents with bed sores.	7	5.0	6.9	7.1
Residents receiving special skin care.	14	9.9	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHERISH NURSING CENTER

Street Address: 1811 S 9TH ST		**City and State:** RICHMOND IN 47374	
Participation: MEDICAID ICF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
44	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	70.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	31	70.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	29	65.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	65.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	63.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	38.6	26.9	29.3
Completely bedfast residents.	1	2.3	1.1	3.6
Residents confined to chairs.	19	43.2	37.1	39.1
Residents requiring restraints.	29	65.9	30.8	31.7
Confused or disoriented residents.	29	65.9	52.2	55.8
Residents with bed sores.	1	2.3	4.4	4.7
Residents receiving special skin care.	13	29.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN RULE NURSING CENTER INC

Street Address: 2001 U S 27 SOUTH		**City and State:** RICHMOND IN 47374	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 176	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
156	4	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	72.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	114	73.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	111	71.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	67.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	60.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	35.3	32.5	37.7
Completely bedfast residents.	7	4.5	2.3	3.4
Residents confined to chairs.	90	57.7	47.1	50.8
Residents requiring restraints.	41	26.3	36.5	41.3
Confused or disoriented residents.	95	60.9	52.1	58.4
Residents with bed sores.	15	9.6	6.9	7.1
Residents receiving special skin care.	49	31.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HOUSE OF RICHMOND INC

Street Address: 2070 CHESTER BOULEVARD	**City and State:** RICHMOND IN 47374

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 2	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	85.2	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	83	94.3	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	68	77.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	77.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	77.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	48.9	32.5	37.7
Completely bedfast residents.	1	1.1	2.3	3.4
Residents confined to chairs.	68	77.3	47.1	50.8
Residents requiring restraints.	56	63.6	36.5	41.3
Confused or disoriented residents.	54	61.4	52.1	58.4
Residents with bed sores.	7	8.0	6.9	7.1
Residents receiving special skin care.	27	30.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE REGENCY INC

Street Address: 2050 CHESTER BLVD	**City and State:** RICHMOND IN 47374

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 131	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 1	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	59.0	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	80.7	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	74.7	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	74.7	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	77.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	53.0	32.5	37.7
Completely bedfast residents.	4	4.8	2.3	3.4
Residents confined to chairs.	47	56.6	47.1	50.8
Residents requiring restraints.	23	27.7	36.5	41.3
Confused or disoriented residents.	33	39.8	52.1	58.4
Residents with bed sores.	0	0.0	6.9	7.1
Residents receiving special skin care.	25	30.1	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JENKINS HALL

Street Address: 1401 CHESTER BLVD	**City and State:** RICHMOND IN 47374

Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	83.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	41	74.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	56.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	63.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	60.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	25.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	20	36.4	37.1	39.1
Residents requiring restraints.	8	14.5	30.8	31.7
Confused or disoriented residents.	21	38.2	52.2	55.8
Residents with bed sores.	1	1.8	4.4	4.7
Residents receiving special skin care.	6	10.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK RIDGE CONVALESCENT CENTER

Street Address: 1042 OAK DRIVE	**City and State:** RICHMOND IN 47374

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 10	**Medicaid Residents:** 100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	70.9	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	83	70.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	75	64.1	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	65.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	65.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	7	6.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	36.8	32.5	37.7
Completely bedfast residents.	9	7.7	2.3	3.4
Residents confined to chairs.	33	28.2	47.1	50.8
Residents requiring restraints.	49	41.9	36.5	41.3
Confused or disoriented residents.	34	29.1	52.1	58.4
Residents with bed sores.	7	6.0	6.9	7.1
Residents receiving special skin care.	29	24.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRING GROVE CARE CENTER

Street Address: 2302 NORTH CHESTER BOULEVARD		**City and State:** RICHMOND IN 47374	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	43.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	16	43.2	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	13	35.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	40.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	27.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	2.7	26.9	29.3
Completely bedfast residents.	1	2.7	1.1	3.6
Residents confined to chairs.	12	32.4	37.1	39.1
Residents requiring restraints.	7	18.9	30.8	31.7
Confused or disoriented residents.	14	37.8	52.2	55.8
Residents with bed sores.	1	2.7	4.4	4.7
Residents receiving special skin care.	11	29.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RISING SUN CARE CENTER

Street Address: P O BOX 98 RIO VISTA AVENUE	**City and State:** RISING SUN IN 47040

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	58	PROPRIETARY	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	63.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	49	86.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	37	64.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	61.4	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	50.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	31.6	26.9	29.3
Completely bedfast residents.	1	1.8	1.1	3.6
Residents confined to chairs.	30	52.6	37.1	39.1
Residents requiring restraints.	22	38.6	30.8	31.7
Confused or disoriented residents.	28	49.1	52.2	55.8
Residents with bed sores.	2	3.5	4.4	4.7
Residents receiving special skin care.	2	3.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTERBURY MANOR

Street Address: RR #6 COUNTY RD 50 N	**City and State:** ROCHESTER IN 46975

Participation: MEDICAID ICF	**# of Beds:** 157	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	67	71.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	60	63.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	53.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	61.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	14.9	26.9	29.3
Completely bedfast residents.	1	1.1	1.1	3.6
Residents confined to chairs.	4	4.3	37.1	39.1
Residents requiring restraints.	32	34.0	30.8	31.7
Confused or disoriented residents.	47	50.0	52.2	55.8
Residents with bed sores.	1	1.1	4.4	4.7
Residents receiving special skin care.	19	20.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROCHESTER NURSING HOME

Street Address: 240 EAST 18TH STREET		**City and State:** ROCHESTER IN 46975	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	87.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	30	90.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	18	54.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	45.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	51.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	18.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	9	27.3	37.1	39.1
Residents requiring restraints.	5	15.2	30.8	31.7
Confused or disoriented residents.	13	39.4	52.2	55.8
Residents with bed sores.	1	3.0	4.4	4.7
Residents receiving special skin care.	6	18.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR

Street Address: 815 WASHINGTON STREET		**City and State:** ROCKPORT IN 47635	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	2	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	96.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	79	88.8	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	69	77.5	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	67.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	70.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	8	9.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	38.2	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	37	41.6	47.1	50.8
Residents requiring restraints.	43	48.3	36.5	41.3
Confused or disoriented residents.	55	61.8	52.1	58.4
Residents with bed sores.	0	0.0	6.9	7.1
Residents receiving special skin care.	22	24.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASTLE SHANNON NURSING HOME

Street Address: RR 3 BOX 251	**City and State:** ROCKVILLE IN 47872

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	63.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	28	73.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	34	89.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	52.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	60.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	18.4	26.9	29.3
Completely bedfast residents.	1	2.6	1.1	3.6
Residents confined to chairs.	7	18.4	37.1	39.1
Residents requiring restraints.	8	21.1	30.8	31.7
Confused or disoriented residents.	27	71.1	52.2	55.8
Residents with bed sores.	3	7.9	4.4	4.7
Residents receiving special skin care.	18	47.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEE ALAN BRYANT HEALTH CARE FACILITIES

Street Address: R R 1 BOX 7		**City and State:** ROCKVILLE IN 47872	
Participation: MEDICAID ICF	**# of Beds:** 236	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
80	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	56.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	70	87.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	40	50.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	50.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	33.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	10	12.5	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	25.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	24	30.0	37.1	39.1
Residents requiring restraints.	20	25.0	30.8	31.7
Confused or disoriented residents.	10	12.5	52.2	55.8
Residents with bed sores.	2	2.5	4.4	4.7
Residents receiving special skin care.	45	56.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MULTI MANAGEMENT SERVICES, INC. PK. CO

Street Address: R R 3 BOX 260		**City and State:** ROCKVILLE IN 47872	
Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	46.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	38	65.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	38	65.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	51.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	51.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	20.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	22	37.9	37.1	39.1
Residents requiring restraints.	8	13.8	30.8	31.7
Confused or disoriented residents.	24	41.4	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	8	13.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILNER COMMUNITY HLTH CARE

Street Address: BOX 15		**City and State:** ROSSVILLE IN 46065	
Participation: MEDICAID ICF	**# of Beds:** 96	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
86	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	93.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	74	86.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	62	72.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	75.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	61.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	32	37.2	26.9	29.3
Completely bedfast residents.	1	1.2	1.1	3.6
Residents confined to chairs.	58	67.4	37.1	39.1
Residents requiring restraints.	34	39.5	30.8	31.7
Confused or disoriented residents.	45	52.3	52.2	55.8
Residents with bed sores.	11	12.8	4.4	4.7
Residents receiving special skin care.	40	46.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLSIDE HAVEN

Street Address: 424 NORTH PERKINS STREET	**City and State:** RUSHVILLE IN 46173

Participation: MEDICAID ICF	**# of Beds:** 28	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 0	**Medicaid Residents:** 10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	26	92.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	25	89.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	82.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	85.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	39.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	16	57.1	37.1	39.1
Residents requiring restraints.	14	50.0	30.8	31.7
Confused or disoriented residents.	18	64.3	52.2	55.8
Residents with bed sores.	4	14.3	4.4	4.7
Residents receiving special skin care.	9	32.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR

Street Address: 612 E 11TH ST	**City and State:** RUSHVILLE IN 46173

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 170	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	**Medicare Residents:** 0	**Medicaid Residents:** 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	79.2	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	110	76.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	104	72.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	95.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	68.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	40.3	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	99	68.8	47.1	50.8
Residents requiring restraints.	50	34.7	36.5	41.3
Confused or disoriented residents.	55	38.2	52.1	58.4
Residents with bed sores.	3	2.1	6.9	7.1
Residents receiving special skin care.	35	24.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RUSH HEALTH CARE MANAGEMENT, INC.

Street Address: 1300 NORTH MAIN STREET	**City and State:** RUSHVILLE IN 46173

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 22	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 11	**Medicare Residents:** 2	**Medicaid Residents:** 2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	63.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	11	100	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	11	100	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	100	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	45.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	9.1	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	3	27.3	47.1	50.8
Residents requiring restraints.	2	18.2	36.5	41.3
Confused or disoriented residents.	4	36.4	52.1	58.4
Residents with bed sores.	1	9.1	6.9	7.1
Residents receiving special skin care.	5	45.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOW VIEW HLTH CARE CTR

Street Address: HOMER AND ANSON STREETS	**City and State:** SALEM IN 47167

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	138	PROPRIETARY	12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
126	0	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	85.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	104	82.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	94	74.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	69.8	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	73.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	31.7	32.5	37.7
Completely bedfast residents.	2	1.6	2.3	3.4
Residents confined to chairs.	61	48.4	47.1	50.8
Residents requiring restraints.	37	29.4	36.5	41.3
Confused or disoriented residents.	86	68.3	52.1	58.4
Residents with bed sores.	6	4.8	6.9	7.1
Residents receiving special skin care.	24	19.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LITTLE COMPANY OF MARY HEALTH FACILITY

Street Address: R R 1 BOX 22A	**City and State:** SAN PIERRE IN 46374

Participation: MEDICAID ICF	**# of Beds:** 200	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 169	**Medicare Residents:** 0	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	76.9	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	127	75.1	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	100	59.2	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	84.0	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	115	68.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	3	1.8	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	32.0	26.9	29.3
Completely bedfast residents.	10	5.9	1.1	3.6
Residents confined to chairs.	84	49.7	37.1	39.1
Residents requiring restraints.	60	35.5	30.8	31.7
Confused or disoriented residents.	98	58.0	52.2	55.8
Residents with bed sores.	7	4.1	4.4	4.7
Residents receiving special skin care.	65	38.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARDINAL HEALTHCARE CENTER

Street Address: 10 TODD DRIVE	**City and State:** SCOTTSBURG IN 47170

Participation: MEDICAID ICF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	61.5	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	57	73.1	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	55	70.5	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	70.5	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	83.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	29.5	26.9	29.3
Completely bedfast residents.	2	2.6	1.1	3.6
Residents confined to chairs.	28	35.9	37.1	39.1
Residents requiring restraints.	40	51.3	30.8	31.7
Confused or disoriented residents.	22	28.2	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	21	26.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SCOTT VILLA LIVING CENTER

Street Address: R R 1 BOX 45 US 31 NORTH	**City and State:** SCOTTSBURG IN 47170

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 3	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	54.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	51	79.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	45	70.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	59.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	59.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	60.9	32.5	37.7
Completely bedfast residents.	4	6.3	2.3	3.4
Residents confined to chairs.	28	43.8	47.1	50.8
Residents requiring restraints.	26	40.6	36.5	41.3
Confused or disoriented residents.	24	37.5	52.1	58.4
Residents with bed sores.	3	4.7	6.9	7.1
Residents receiving special skin care.	7	10.9	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SCOTTSBURG NURSING HOME

Street Address: 1100 NORTH GARDNER STREET

City and State: SCOTTSBURG IN 47170

Participation: MEDICAID ICF

# of Beds: 40

Type of Ownership: PROPRIETARY

Survey Date: 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36

Medicare Residents: 0

Medicaid Residents: 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	80.6	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	23	63.9	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	61.1	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	61.1	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	61.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	4	11.1	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	16.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	20	55.6	37.1	39.1
Residents requiring restraints.	16	44.4	30.8	31.7
Confused or disoriented residents.	21	58.3	52.2	55.8
Residents with bed sores.	4	11.1	4.4	4.7
Residents receiving special skin care.	17	47.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY CARE CENTER OF SEYMOUR

Street Address: RR# 7, US 31, PO BOX 769	**City and State:** SEYMOUR IN 47274

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	81.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	37	63.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	53.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	60.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	53.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	19.0	26.9	29.3
Completely bedfast residents.	1	1.7	1.1	3.6
Residents confined to chairs.	13	22.4	37.1	39.1
Residents requiring restraints.	20	34.5	30.8	31.7
Confused or disoriented residents.	40	69.0	52.2	55.8
Residents with bed sores.	2	3.4	4.4	4.7
Residents receiving special skin care.	8	13.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JACKSON PARK CONV CTR INC

Street Address: 707 JACKSON PARK DR	**City and State:** SEYMOUR IN 47274

Participation: MEDICAID SNF/ICF	**# of Beds:** 149	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
145	0	105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	69.0	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	74.5	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	73.8	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	70.3	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	70.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	4	2.8	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	41.4	32.5	37.7
Completely bedfast residents.	7	4.8	2.3	3.4
Residents confined to chairs.	68	46.9	47.1	50.8
Residents requiring restraints.	50	34.5	36.5	41.3
Confused or disoriented residents.	51	35.2	52.1	58.4
Residents with bed sores.	4	2.8	6.9	7.1
Residents receiving special skin care.	145	100	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN COMM HOME

Street Address: 111 W CHURCH AVE	**City and State:** SEYMOUR IN 47274

Participation: MEDICAID ICF	**# of Beds:** 102	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	78.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	67	83.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	50	62.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	56.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	58.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	27	33.7	26.9	29.3
Completely bedfast residents.	1	1.2	1.1	3.6
Residents confined to chairs.	34	42.5	37.1	39.1
Residents requiring restraints.	26	32.5	30.8	31.7
Confused or disoriented residents.	48	60.0	52.2	55.8
Residents with bed sores.	3	3.7	4.4	4.7
Residents receiving special skin care.	11	13.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE HERITAGE HOUSE CHILDRENS CTR

Street Address: 2325 S MILLER ST RR5 BOX 2A	**City and State:** SHELBYVILLE IN 46176

Participation: MEDICAID SNF	**# of Beds:** 135	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 0	**Medicaid Residents:** 107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	100	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	104	97.2	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	104	97.2	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	81.3	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	97.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	38	35.5	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	74.8	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	81	75.7	47.1	50.8
Residents requiring restraints.	33	30.8	36.5	41.3
Confused or disoriented residents.	107	100	52.1	58.4
Residents with bed sores.	6	5.6	6.9	7.1
Residents receiving special skin care.	60	56.1	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE HERITAGE HOUSE CONVALESCENT CTR

Street Address: 2309 S MILLER ST		**City and State:** SHELBYVILLE IN 46176	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 153	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 136	**Medicare Residents:** 3	**Medicaid Residents:** 100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	136	100	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	109	80.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	98	72.1	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	75.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	68.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	8	5.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	30.9	32.5	37.7
Completely bedfast residents.	2	1.5	2.3	3.4
Residents confined to chairs.	45	33.1	47.1	50.8
Residents requiring restraints.	57	41.9	36.5	41.3
Confused or disoriented residents.	55	40.4	52.1	58.4
Residents with bed sores.	6	4.4	6.9	7.1
Residents receiving special skin care.	130	95.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHERIDAN HLTH CARE CTR INC

Street Address: 803 HAMILTON AVE		**City and State:** SHERIDAN IN 46069	
Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	71.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	55	78.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	55	78.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	62.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	78.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	27.1	26.9	29.3
Completely bedfast residents.	2	2.9	1.1	3.6
Residents confined to chairs.	22	31.4	37.1	39.1
Residents requiring restraints.	23	32.9	30.8	31.7
Confused or disoriented residents.	27	38.6	52.2	55.8
Residents with bed sores.	2	2.9	4.4	4.7
Residents receiving special skin care.	15	21.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARLYLE HEALTH CARE CORP

Street Address: 5024 WEST WESTERN AVENUE	**City and State:** SOUTH BEND IN 46619

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 243	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 210	**Medicare Residents:** 1	**Medicaid Residents:** 163

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	163	77.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	170	81.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	152	72.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	155	73.8	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	40.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	28.1	32.5	37.7
Completely bedfast residents.	8	3.8	2.3	3.4
Residents confined to chairs.	125	59.5	47.1	50.8
Residents requiring restraints.	71	33.8	36.5	41.3
Confused or disoriented residents.	63	30.0	52.1	58.4
Residents with bed sores.	20	9.5	6.9	7.1
Residents receiving special skin care.	133	63.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENSPRINGS MANOR

Street Address: 1106 SOUTH 20TH STREET	**City and State:** SOUTH BEND IN 46615

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	41.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	45	67.2	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	41	61.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	46.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	38.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	6.0	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	13	19.4	47.1	50.8
Residents requiring restraints.	11	16.4	36.5	41.3
Confused or disoriented residents.	32	47.8	52.1	58.4
Residents with bed sores.	1	1.5	6.9	7.1
Residents receiving special skin care.	0	0.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEALTHWIN HOSPITAL SNF

Street Address: 20531 WEST DARDEN ROAD	**City and State:** SOUTH BEND IN 46637

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 143	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 3	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	78.9	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	101	88.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	95	83.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	77.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	71.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	34.2	32.5	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	54	47.4	47.1	50.8
Residents requiring restraints.	60	52.6	36.5	41.3
Confused or disoriented residents.	67	58.8	52.1	58.4
Residents with bed sores.	8	7.0	6.9	7.1
Residents receiving special skin care.	45	39.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDCO CENTER OF SOUTH BEND

Street Address: 1950 RIDGEDALE RD		**City and State:** SOUTH BEND IN 46614	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 246	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
201	7	120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	153	76.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	153	76.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	136	67.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	73.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	49.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	34.3	32.5	37.7
Completely bedfast residents.	1	0.5	2.3	3.4
Residents confined to chairs.	69	34.3	47.1	50.8
Residents requiring restraints.	92	45.8	36.5	41.3
Confused or disoriented residents.	119	59.2	52.1	58.4
Residents with bed sores.	13	6.5	6.9	7.1
Residents receiving special skin care.	70	34.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSING CENTER - RIVER PARK

Street Address: 915 S 27TH ST	**City and State:** SOUTH BEND IN 46615

Participation: MEDICAID ICF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	83.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	35	81.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	74.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	69.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	60.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	14.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	12	27.9	37.1	39.1
Residents requiring restraints.	15	34.9	30.8	31.7
Confused or disoriented residents.	22	51.2	52.2	55.8
Residents with bed sores.	3	7.0	4.4	4.7
Residents receiving special skin care.	3	7.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSING CENTER CARDINAL

Street Address: 1121 EAST LASALLE STREET		**City and State:** SOUTH BEND IN 46617	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 291	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
263	5	169

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	232	88.2	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	219	83.3	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	185	70.3	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	183	69.6	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	181	68.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	25.9	32.5	37.7
Completely bedfast residents.	5	1.9	2.3	3.4
Residents confined to chairs.	169	64.3	47.1	50.8
Residents requiring restraints.	146	55.5	36.5	41.3
Confused or disoriented residents.	194	73.8	52.1	58.4
Residents with bed sores.	19	7.2	6.9	7.1
Residents receiving special skin care.	90	34.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHWOOD NURSING HOME

Street Address: 328 NOTRE DAME AVE		**City and State:** SOUTH BEND IN 46617	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
37	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	86.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	25	67.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	62.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	56.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	48.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	21.6	26.9	29.3
Completely bedfast residents.	1	2.7	1.1	3.6
Residents confined to chairs.	10	27.0	37.1	39.1
Residents requiring restraints.	8	21.6	30.8	31.7
Confused or disoriented residents.	19	51.4	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	13	35.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGENCY PLACE OF SOUTH BEND

Street Address:	**City and State:**
52654 NORTH IRONWOOD ROAD	SOUTH BEND IN 46635

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
132	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	93.2	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	62.1	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	57.6	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	53.8	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	59.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	19.7	32.5	37.7
Completely bedfast residents.	4	3.0	2.3	3.4
Residents confined to chairs.	52	39.4	47.1	50.8
Residents requiring restraints.	35	26.5	36.5	41.3
Confused or disoriented residents.	58	43.9	52.1	58.4
Residents with bed sores.	12	9.1	6.9	7.1
Residents receiving special skin care.	23	17.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

Facility [illegible] indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	%	NATION #	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPHS CARE CENTER LOMBARDY

Street Address: 4600 WEST WASHINGTON	**City and State:** SOUTH BEND IN 46619

Participation: MEDICAID ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 132	**Medicare Residents:** 0	**Medicaid Residents:** 128

	FACILITY		STATE	NATION
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	71.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	96	72.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	58	43.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	38.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	43.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	22	16.7	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	28	21.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	56	42.4	37.1	39.1
Residents requiring restraints.	43	32.6	30.8	31.7
Confused or disoriented residents.	108	81.8	52.2	55.8
Residents with bed sores.	3	2.3	4.4	4.7
Residents receiving special skin care.	8	6.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPHS CARE CENTER NOTRE DAME

Street Address: 1024 N NOTRE DAME AVENUE	**City and State:** SOUTH BEND IN 46617

Participation: MEDICAID ICF	**# of Beds:** 24	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 0	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	22	91.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	21	87.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	14	58.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	83.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	58.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	58.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	10	41.7	37.1	39.1
Residents requiring restraints.	6	25.0	30.8	31.7
Confused or disoriented residents.	20	83.3	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	3	12.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPHS CARE CTR MORNINGSIDE

Street Address: 18325 BAILEY AVE		**City and State:** SOUTH BEND IN 46637	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
37	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	29	78.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	73.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	62.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	73.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	24.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	6	16.2	37.1	39.1
Residents requiring restraints.	14	37.8	30.8	31.7
Confused or disoriented residents.	2	5.4	52.2	55.8
Residents with bed sores.	1	2.7	4.4	4.7
Residents receiving special skin care.	7	18.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
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Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST PAULS RETIREMENT CENTER

Street Address: 3602 SOUTH IRONWOOD DR		**City and State:** SOUTH BEND IN 46614	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 181	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
72	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	91.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	52	72.2	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	43	59.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	51.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	59.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	23.6	32.5	37.7
Completely bedfast residents.	1	1.4	2.3	3.4
Residents confined to chairs.	29	40.3	47.1	50.8
Residents requiring restraints.	15	20.8	36.5	41.3
Confused or disoriented residents.	34	47.2	52.1	58.4
Residents with bed sores.	3	4.2	6.9	7.1
Residents receiving special skin care.	11	15.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPENCER HEALTH CARE CENTER

Street Address: R.R. #2 BOX 77	**City and State:** SPENCER IN 47460

Participation: MEDICAID ICF	**# of Beds:** 46	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	27	100	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	14	51.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	88.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	66.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	12	44.4	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	14.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	8	29.6	37.1	39.1
Residents requiring restraints.	4	14.8	30.8	31.7
Confused or disoriented residents.	27	100	52.2	55.8
Residents with bed sores.	1	3.7	4.4	4.7
Residents receiving special skin care.	7	25.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR INC

Street Address: WEST WOLFE STREET, PO BOX 525	**City and State:** SULLIVAN IN 47882

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 175	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 167	**Medicare Residents:** 2	**Medicaid Residents:** 113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	120	71.9	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	137	82.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	120	71.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	67.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	60.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	34.7	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	74	44.3	47.1	50.8
Residents requiring restraints.	63	37.7	36.5	41.3
Confused or disoriented residents.	82	49.1	52.1	58.4
Residents with bed sores.	18	10.8	6.9	7.1
Residents receiving special skin care.	21	12.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SULLIVAN CONVALESCENT CENTER

Street Address: OLD HIGHWAY 41 NORTH PO BOX 30	**City and State:** SULLIVAN IN 47882

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	94.8	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	70.7	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	31	53.4	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	48.3	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	37.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	20.7	26.9	29.3
Completely bedfast residents.	1	1.7	1.1	3.6
Residents confined to chairs.	9	15.5	37.1	39.1
Residents requiring restraints.	13	22.4	30.8	31.7
Confused or disoriented residents.	22	37.9	52.2	55.8
Residents with bed sores.	3	5.2	4.4	4.7
Residents receiving special skin care.	7	12.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLAGE NURSING HOME

Street Address: 975 NORTH SECTION STREET	**City and State:** SULLIVAN IN 47882

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	47.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	30	78.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	13	34.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	50.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	36.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	3	7.9	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	26.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	7	18.4	37.1	39.1
Residents requiring restraints.	9	23.7	30.8	31.7
Confused or disoriented residents.	37	97.4	52.2	55.8
Residents with bed sores.	1	2.6	4.4	4.7
Residents receiving special skin care.	2	5.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUMMIT CONVALESCENT CENTER

Street Address: RR 1, BOX 398		**City and State:** SUMMITVILLE IN 46070	
Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
26	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	61.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	22	84.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	17	65.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	73.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	84.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	2	7.7	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	26.9	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	1	3.8	37.1	39.1
Residents requiring restraints.	8	30.8	30.8	31.7
Confused or disoriented residents.	2	7.7	52.2	55.8
Residents with bed sores.	3	11.5	4.4	4.7
Residents receiving special skin care.	2	7.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLER'S MERRY MANOR, INC.

Street Address: PICKWICK DR & OLD S.R. 13	**City and State:** SYRACUSE IN 46567

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 1	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	74.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	23	65.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	23	65.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	82.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	31.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	20.0	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	17	48.6	47.1	50.8
Residents requiring restraints.	5	14.3	36.5	41.3
Confused or disoriented residents.	8	22.9	52.1	58.4
Residents with bed sores.	1	2.9	6.9	7.1
Residents receiving special skin care.	2	5.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINCOLN HILLS NURSING HOME INC

Street Address: 402 19TH STREET	**City and State:** TELL CITY IN 47586

Participation: MEDICAID ICF	**# of Beds:** 165	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	**Medicare Residents:** 0	**Medicaid Residents:** 114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	59.6	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	104	71.2	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	81	55.5	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	61.0	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	45.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	9	6.2	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	23.3	26.9	29.3
Completely bedfast residents.	1	0.7	1.1	3.6
Residents confined to chairs.	60	41.1	37.1	39.1
Residents requiring restraints.	47	32.2	30.8	31.7
Confused or disoriented residents.	64	43.8	52.2	55.8
Residents with bed sores.	11	7.5	4.4	4.7
Residents receiving special skin care.	6	4.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRYSIDE NURSING CENTER

Street Address: 1001 SPRINGHILL ROAD		**City and State:** TERRE HAUTE IN 47802	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	**Medicare Residents:** 3	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	93	84.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	98	89.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	92	83.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	72.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	73.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	30.0	32.5	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	65	59.1	47.1	50.8
Residents requiring restraints.	40	36.4	36.5	41.3
Confused or disoriented residents.	61	55.5	52.1	58.4
Residents with bed sores.	9	8.2	6.9	7.1
Residents receiving special skin care.	61	55.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DAVIS GARDENS HEALTH CENTER

Street Address: 1120 DAVIS AVE	**City and State:** TERRE HAUTE IN 47802

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 133	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	66.2	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	64	90.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	49	69.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	69.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	54.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	25.4	32.5	37.7
Completely bedfast residents.	1	1.4	2.3	3.4
Residents confined to chairs.	17	23.9	47.1	50.8
Residents requiring restraints.	22	31.0	36.5	41.3
Confused or disoriented residents.	35	49.3	52.1	58.4
Residents with bed sores.	2	2.8	6.9	7.1
Residents receiving special skin care.	8	11.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EWING NURSING HOME

Street Address: 504 S 15TH ST		**City and State:** TERRE HAUTE IN 47807	
Participation: MEDICAID ICF	**# of Beds:** 18	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
15	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	9	60.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	9	60.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	100	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	60.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	6.7	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	20.0	26.9	29.3
Completely bedfast residents.	3	20.0	1.1	3.6
Residents confined to chairs.	5	33.3	37.1	39.1
Residents requiring restraints.	2	13.3	30.8	31.7
Confused or disoriented residents.	8	53.3	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	1	6.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLEWOOD MANOR

Street Address: 500 MAPLE AVE	**City and State:** TERRE HAUTE IN 47801

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 249	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 180	**Medicare Residents:** 1	**Medicaid Residents:** 158

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	60.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	142	78.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	130	72.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	57.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	51.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	18.9	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	92	51.1	47.1	50.8
Residents requiring restraints.	53	29.4	36.5	41.3
Confused or disoriented residents.	95	52.8	52.1	58.4
Residents with bed sores.	14	7.8	6.9	7.1
Residents receiving special skin care.	36	20.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWS MANOR EAST

Street Address: 3300 POPLAR STREET	**City and State:** TERRE HAUTE IN 47803

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 4	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	70.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	83	85.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	82	84.5	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	85.6	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	71.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	41.2	32.5	37.7
Completely bedfast residents.	1	1.0	2.3	3.4
Residents confined to chairs.	40	41.2	47.1	50.8
Residents requiring restraints.	41	42.3	36.5	41.3
Confused or disoriented residents.	59	60.8	52.1	58.4
Residents with bed sores.	10	10.3	6.9	7.1
Residents receiving special skin care.	42	43.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWS MANOR NORTH

Street Address: 3150 N 7TH ST	**City and State:** TERRE HAUTE IN 47801

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	97.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	90	90.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	88	88.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	90.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	69.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	44.4	32.5	37.7
Completely bedfast residents.	2	2.0	2.3	3.4
Residents confined to chairs.	71	71.7	47.1	50.8
Residents requiring restraints.	43	43.4	36.5	41.3
Confused or disoriented residents.	68	68.7	52.1	58.4
Residents with bed sores.	5	5.1	6.9	7.1
Residents receiving special skin care.	16	16.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TERRE HAUTE NURSING HOME

Street Address: 830 S 6TH ST	**City and State:** TERRE HAUTE IN 47807

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	50.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	32	88.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	17	47.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	50.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	72.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	25.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	10	27.8	37.1	39.1
Residents requiring restraints.	5	13.9	30.8	31.7
Confused or disoriented residents.	22	61.1	52.2	55.8
Residents with bed sores.	1	2.8	4.4	4.7
Residents receiving special skin care.	10	27.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VIGO COUNTY HOME

Street Address: 3500 MAPLE AVENUE		**City and State:** TERRE HAUTE IN 47804	
Participation: MEDICAID ICF	**# of Beds:** 201	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
180	0	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	73.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	141	78.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	105	58.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	58.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	107	59.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	0.6	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	49	27.2	26.9	29.3
Completely bedfast residents.	1	0.6	1.1	3.6
Residents confined to chairs.	53	29.4	37.1	39.1
Residents requiring restraints.	39	21.7	30.8	31.7
Confused or disoriented residents.	100	55.6	52.2	55.8
Residents with bed sores.	9	5.0	4.4	4.7
Residents receiving special skin care.	69	38.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTRIDGE HEALTH CARE CENTER

Street Address: 120 MARGARET AVENUE	**City and State:** TERRE HAUTE IN 47802

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 1	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	48.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	69	68.3	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	60	59.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	63.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	54.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	20	19.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	30.7	32.5	37.7
Completely bedfast residents.	3	3.0	2.3	3.4
Residents confined to chairs.	39	38.6	47.1	50.8
Residents requiring restraints.	33	32.7	36.5	41.3
Confused or disoriented residents.	54	53.5	52.1	58.4
Residents with bed sores.	11	10.9	6.9	7.1
Residents receiving special skin care.	42	41.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR INC

Street Address: 4H ROAD P O BOX 265	**City and State:** TIPTON IN 46072

Participation: MEDICAID ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	91.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	93	98.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	67	71.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	68.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	57.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	49	52.1	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	30	31.9	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	34	36.2	37.1	39.1
Residents requiring restraints.	35	37.2	30.8	31.7
Confused or disoriented residents.	52	55.3	52.2	55.8
Residents with bed sores.	1	1.1	4.4	4.7
Residents receiving special skin care.	22	23.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TIPTON NURSING HOME

Street Address: 701 E JEFFERSON ST	**City and State:** TIPTON IN 46072

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	9	34.6	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	65.4	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	11	42.3	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	57.7	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	30.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	26.9	26.9	29.3
Completely bedfast residents.	1	3.8	1.1	3.6
Residents confined to chairs.	5	19.2	37.1	39.1
Residents requiring restraints.	3	11.5	30.8	31.7
Confused or disoriented residents.	9	34.6	52.2	55.8
Residents with bed sores.	1	3.8	4.4	4.7
Residents receiving special skin care.	3	11.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNIVERSITY NURSING CENTER

Street Address: 1512 SOUTH UNIVERSITY BLVD	**City and State:** UPLAND IN 46989

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	86.9	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	45	73.8	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	53	86.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	57.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	86.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	3.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	44.3	32.5	37.7
Completely bedfast residents.	3	4.9	2.3	3.4
Residents confined to chairs.	37	60.7	47.1	50.8
Residents requiring restraints.	26	42.6	36.5	41.3
Confused or disoriented residents.	57	93.4	52.1	58.4
Residents with bed sores.	4	6.6	6.9	7.1
Residents receiving special skin care.	5	8.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTERBURY PLACE

Street Address: 251 EAST DRIVE		**City and State:** VALPARAISO IN 46383	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	1	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	57.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	64	77.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	44	53.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	77.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	77.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	71.1	32.5	37.7
Completely bedfast residents.	1	1.2	2.3	3.4
Residents confined to chairs.	24	28.9	47.1	50.8
Residents requiring restraints.	14	16.9	36.5	41.3
Confused or disoriented residents.	7	8.4	52.1	58.4
Residents with bed sores.	15	18.1	6.9	7.1
Residents receiving special skin care.	15	18.1	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PAVILION HEALTHCARE CTR OF VALPARAISO

Street Address: 606 WALL ST	**City and State:** VALPARAISO IN 46383

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 192	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 3	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	46.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	74	69.2	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	72	67.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	55.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	60.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	29.0	32.5	37.7
Completely bedfast residents.	7	6.5	2.3	3.4
Residents confined to chairs.	45	42.1	47.1	50.8
Residents requiring restraints.	42	39.3	36.5	41.3
Confused or disoriented residents.	48	44.9	52.1	58.4
Residents with bed sores.	11	10.3	6.9	7.1
Residents receiving special skin care.	30	28.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE WILLOWS REHAB CTR

Street Address: 1000 ELIZABETH ST	**City and State:** VALPARAISO IN 46383

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 5	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	70.6	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	80.0	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	72.9	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	74.1	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	68.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	31.8	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	26	30.6	47.1	50.8
Residents requiring restraints.	49	57.6	36.5	41.3
Confused or disoriented residents.	40	47.1	52.1	58.4
Residents with bed sores.	6	7.1	6.9	7.1
Residents receiving special skin care.	22	25.9	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHISPERING PINES

Street Address: 3301 NORTH CALUMET AVENUE	**City and State:** VALPARAISO IN 46383

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 184	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 173	**Medicare Residents:** 1	**Medicaid Residents:** 98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	136	78.6	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	131	75.7	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	110	63.6	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	60.7	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	52.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	32.9	32.5	37.7
Completely bedfast residents.	4	2.3	2.3	3.4
Residents confined to chairs.	87	50.3	47.1	50.8
Residents requiring restraints.	76	43.9	36.5	41.3
Confused or disoriented residents.	106	61.3	52.1	58.4
Residents with bed sores.	13	7.5	6.9	7.1
Residents receiving special skin care.	15	8.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SILVER BELL NURSING HOME

Street Address: RR 2 BOX 106	**City and State:** VERSAILLES IN 47042

Participation: MEDICAID ICF	**# of Beds:** 21	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	15	75.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	100	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	60.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	70.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	45.0	26.9	29.3
Completely bedfast residents.	2	10.0	1.1	3.6
Residents confined to chairs.	8	40.0	37.1	39.1
Residents requiring restraints.	7	35.0	30.8	31.7
Confused or disoriented residents.	8	40.0	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	11	55.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SWISS VILLA HEALTH CARE FACILITY

Street Address: HIGHWAY 56 WEST R R #3 BOX 169A	**City and State:** VEVAY IN 47043

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	96.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	76	81.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	83	89.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	64.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	57.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	23.7	26.9	29.3
Completely bedfast residents.	1	1.1	1.1	3.6
Residents confined to chairs.	25	26.9	37.1	39.1
Residents requiring restraints.	27	29.0	30.8	31.7
Confused or disoriented residents.	70	75.3	52.2	55.8
Residents with bed sores.	2	2.2	4.4	4.7
Residents receiving special skin care.	36	38.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTVIEW CONVALESCENT HOME

Street Address: 3801 OLD BRUCEVILLE RD BOX 136	**City and State:** VINCENNES IN 47591

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 216	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 187	**Medicare Residents:** 10	**Medicaid Residents:** 129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	165	88.2	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	160	85.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	150	80.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	79.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	123	65.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	89	47.6	32.5	37.7
Completely bedfast residents.	2	1.1	2.3	3.4
Residents confined to chairs.	59	31.6	47.1	50.8
Residents requiring restraints.	61	32.6	36.5	41.3
Confused or disoriented residents.	103	55.1	52.1	58.4
Residents with bed sores.	10	5.3	6.9	7.1
Residents receiving special skin care.	22	11.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN HOSPITAL EXT CARE FAC

Street Address: 520 S SEVENTH ST		**City and State:** VINCENNES IN 47591	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 26	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
4	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	75.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	4	100	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	4	100	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	100	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	75.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	25.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	75.0	32.5	37.7
Completely bedfast residents.	1	25.0	2.3	3.4
Residents confined to chairs.	1	25.0	47.1	50.8
Residents requiring restraints.	2	50.0	36.5	41.3
Confused or disoriented residents.	1	25.0	52.1	58.4
Residents with bed sores.	0	0.0	6.9	7.1
Residents receiving special skin care.	2	50.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VINCENNES HEALTHCARE

Street Address: 1202 SOUTH 16TH STREET P.O.BOX 903	**City and State:** VINCENNES IN 47591

Participation: MEDICAID ICF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	77.2	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	84.2	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	42	73.7	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	57.9	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	50.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	15.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	3	5.3	37.1	39.1
Residents requiring restraints.	17	29.8	30.8	31.7
Confused or disoriented residents.	28	49.1	52.2	55.8
Residents with bed sores.	1	1.8	4.4	4.7
Residents receiving special skin care.	7	12.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOW MANOR CONV CTR INC

Street Address: 1321 WILLOW ST		**City and State:** VINCENNES IN 47591	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 142	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
134	7	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	84.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	120	89.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	112	83.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	78.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	76.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	27.6	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	71	53.0	47.1	50.8
Residents requiring restraints.	66	49.3	36.5	41.3
Confused or disoriented residents.	70	52.2	52.1	58.4
Residents with bed sores.	10	7.5	6.9	7.1
Residents receiving special skin care.	133	99.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLER'S MERRY MANOR-MANOER CARE DIV

Street Address: R R #2 MILL CREEK PIKE	**City and State:** WABASH IN 46992

Participation: MEDICAID ICF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	16	51.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	13	41.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	25.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	35.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	9.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	5	16.1	37.1	39.1
Residents requiring restraints.	4	12.9	30.8	31.7
Confused or disoriented residents.	4	12.9	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	8	25.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR INC

Street Address: 1035 MANCHESTER AVE	**City and State:** WABASH IN 46992

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	70.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	79	80.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	58	59.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	55.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	54.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	21.4	32.5	37.7
Completely bedfast residents.	1	1.0	2.3	3.4
Residents confined to chairs.	41	41.8	47.1	50.8
Residents requiring restraints.	27	27.6	36.5	41.3
Confused or disoriented residents.	12	12.2	52.1	58.4
Residents with bed sores.	0	0.0	6.9	7.1
Residents receiving special skin care.	16	16.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VERNON MANOR CHILDRENS HOME

Street Address: 1955 VERNON ST PO BOX 258		**City and State:** WABASH IN 46992	
Participation: MEDICAID SNF	**# of Beds:** 136	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
123	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	100	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	123	100	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	123	100	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	100	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	123	100	63.1	68.2
Residents on individually written bowel and bladder retraining program.	8	6.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	123	100	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	111	90.2	47.1	50.8
Residents requiring restraints.	22	17.9	36.5	41.3
Confused or disoriented residents.	123	100	52.1	58.4
Residents with bed sores.	0	0.0	6.9	7.1
Residents receiving special skin care.	13	10.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WABASH HEALTHCARE CENTER

Street Address: 600 WASHINGTON STREET	**City and State:** WABASH IN 46992

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	84.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	65	82.3	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	52	65.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	81.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	60.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	31.6	32.5	37.7
Completely bedfast residents.	1	1.3	2.3	3.4
Residents confined to chairs.	30	38.0	47.1	50.8
Residents requiring restraints.	33	41.8	36.5	41.3
Confused or disoriented residents.	28	35.4	52.1	58.4
Residents with bed sores.	1	1.3	6.9	7.1
Residents receiving special skin care.	37	46.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR INC

Street Address: 300 N WASHINGTON STREET	**City and State:** WAKARUSA IN 46573

Participation: MEDICAID ICF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	63.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	41	63.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	40	61.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	61.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	61.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	27.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	23	35.4	37.1	39.1
Residents requiring restraints.	24	36.9	30.8	31.7
Confused or disoriented residents.	34	52.3	52.2	55.8
Residents with bed sores.	3	4.6	4.4	4.7
Residents receiving special skin care.	24	36.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WALDRON HEALTH CARE HOME

Street Address: BOX 95 MAIN ST	**City and State:** WALDRON IN 46182

Participation: MEDICAID ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	95.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	51	83.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	41	67.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	73.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	62.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	29.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	39	63.9	37.1	39.1
Residents requiring restraints.	24	39.3	30.8	31.7
Confused or disoriented residents.	48	78.7	52.2	55.8
Residents with bed sores.	5	8.2	4.4	4.7
Residents receiving special skin care.	3	4.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR INC

Street Address: WALKERTON TRAIL		**City and State:** WALKERTON IN 46574	
Participation: MEDICAID ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	65.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	89	78.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	77	67.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	69.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	57.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	44	38.6	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	56	49.1	37.1	39.1
Residents requiring restraints.	59	51.8	30.8	31.7
Confused or disoriented residents.	62	54.4	52.2	55.8
Residents with bed sores.	15	13.2	4.4	4.7
Residents receiving special skin care.	40	35.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNITED METHODIST MEMORIAL HOME

Street Address: 801 NORTH HUNTINGTON AVENUE PO BOX 326		**City and State:** WARREN IN 46792	
Participation: MEDICAID ICF	**# of Beds:** 185	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
179	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	115	64.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	143	79.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	89	49.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	68.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	51.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	8	4.5	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	39	21.8	26.9	29.3
Completely bedfast residents.	1	0.6	1.1	3.6
Residents confined to chairs.	46	25.7	37.1	39.1
Residents requiring restraints.	26	14.5	30.8	31.7
Confused or disoriented residents.	91	50.8	52.2	55.8
Residents with bed sores.	5	2.8	4.4	4.7
Residents receiving special skin care.	49	27.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKELAND MANOR

Street Address: 2402 EAST CENTER STREET	**City and State:** WARSAW IN 46580

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	24	92.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	22	84.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	15	57.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	38.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	57.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	6	23.1	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	11.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	9	34.6	37.1	39.1
Residents requiring restraints.	5	19.2	30.8	31.7
Confused or disoriented residents.	21	80.8	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	4	15.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MASON HEALTHCARE FACILITY

Street Address: 900 PROVIDENT DRIVE		**City and State:** WARSAW IN 46580	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
65	2	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	67.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	51	78.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	43	66.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	69.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	52.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	38.5	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	17	26.2	47.1	50.8
Residents requiring restraints.	25	38.5	36.5	41.3
Confused or disoriented residents.	32	49.2	52.1	58.4
Residents with bed sores.	2	3.1	6.9	7.1
Residents receiving special skin care.	41	63.1	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLER'S MERRY MANOR INC

Street Address: P O BOX 377	**City and State:** WARSAW IN 46580

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 154	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 3	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	68.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	67	70.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	63	66.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	69.5	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	54.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	29.5	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	40	42.1	47.1	50.8
Residents requiring restraints.	24	25.3	36.5	41.3
Confused or disoriented residents.	28	29.5	52.1	58.4
Residents with bed sores.	5	5.3	6.9	7.1
Residents receiving special skin care.	19	20.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRAIRIE VIEW REST HOME INC

Street Address: 300 PRAIRIE STREET		**City and State:** WARSAW IN 46580	
Participation: MEDICAID ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	89.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	76	80.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	69	72.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	100	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	68.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	18.9	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	32	33.7	37.1	39.1
Residents requiring restraints.	41	43.2	30.8	31.7
Confused or disoriented residents.	66	69.5	52.2	55.8
Residents with bed sores.	3	3.2	4.4	4.7
Residents receiving special skin care.	16	16.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DAVIESS COUNTY HOSP EXTENDED CARE UNIT

Street Address: 1314 GRAND AVENUE	**City and State:** WASHINGTON IN 47501

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 29	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	**Medicare Residents:** 6	**Medicaid Residents:** 10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	81.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	25	92.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	23	85.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	85.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	85.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	66.7	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	18	66.7	47.1	50.8
Residents requiring restraints.	5	18.5	36.5	41.3
Confused or disoriented residents.	12	44.4	52.1	58.4
Residents with bed sores.	5	18.5	6.9	7.1
Residents receiving special skin care.	5	18.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST GATE MANOR NURS & RESIDENTIAL CTR

Street Address: BOX 470 HGWY 50 EAST	**City and State:** WASHINGTON IN 47501

Participation: MEDICAID ICF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	83.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	67	84.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	48	60.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	58.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	49.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	22.8	26.9	29.3
Completely bedfast residents.	1	1.3	1.1	3.6
Residents confined to chairs.	15	19.0	37.1	39.1
Residents requiring restraints.	28	35.4	30.8	31.7
Confused or disoriented residents.	49	62.0	52.2	55.8
Residents with bed sores.	3	3.8	4.4	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLSIDE MANOR

Street Address: 1109 EAST NATIONAL HIGHWAY		**City and State:** WASHINGTON IN 47501	
Participation: MEDICAID ICF	**# of Beds:** 27	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
25	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	80.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	19	76.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	7	28.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	24.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	20.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	12.0	26.9	29.3
Completely bedfast residents.	2	8.0	1.1	3.6
Residents confined to chairs.	3	12.0	37.1	39.1
Residents requiring restraints.	3	12.0	30.8	31.7
Confused or disoriented residents.	17	68.0	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	9	36.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRAIRIE VILLAGE LIVING CENTER

Street Address: 1401 HIGHWAY 57 SOUTH		**City and State:** WASHINGTON IN 47501	
Participation: MEDICAID ICF	**# of Beds:** 121	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	73.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	98	85.2	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	36	31.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	69.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	45.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	21.7	26.9	29.3
Completely bedfast residents.	2	1.7	1.1	3.6
Residents confined to chairs.	14	12.2	37.1	39.1
Residents requiring restraints.	27	23.5	30.8	31.7
Confused or disoriented residents.	72	62.6	52.2	55.8
Residents with bed sores.	2	1.7	4.4	4.7
Residents receiving special skin care.	26	22.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WASHINGTON NURSING CENTER

Street Address: 603 EAST NATIONAL HIGHWAY		**City and State:** WASHINGTON IN 47501	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 179	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 142	**Medicare Residents:** 3	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	86.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	115	81.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	109	76.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	75.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	70.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	35.2	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	52	36.6	47.1	50.8
Residents requiring restraints.	62	43.7	36.5	41.3
Confused or disoriented residents.	101	71.1	52.1	58.4
Residents with bed sores.	5	3.5	6.9	7.1
Residents receiving special skin care.	48	33.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GEORGE DAVIS MANOR

Street Address: 1051 CUMBERLAND AVENUE	**City and State:** WEST LAFAYETTE IN 47906

Participation: MEDICAID ICF	**# of Beds:** 162	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	91.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	30	81.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	73.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	64.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	62.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	2.7	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	27.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	19	51.4	37.1	39.1
Residents requiring restraints.	13	35.1	30.8	31.7
Confused or disoriented residents.	21	56.8	52.2	55.8
Residents with bed sores.	2	5.4	4.4	4.7
Residents receiving special skin care.	3	8.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTMINSTER VILLAGE WEST LAFAYETTE

Street Address: 2741 N SALISBURY ST	**City and State:** WEST LAFAYETTE IN 47906

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	38	NON-PROFIT PRIVATE	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
34	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	61.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	25	73.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	19	55.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	52.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	55.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	20.6	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	6	17.6	47.1	50.8
Residents requiring restraints.	12	35.3	36.5	41.3
Confused or disoriented residents.	23	67.6	52.1	58.4
Residents with bed sores.	1	2.9	6.9	7.1
Residents receiving special skin care.	0	0.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTFIELD VILLAGE

Street Address: 776 NORTH UNION STREET	**City and State:** WESTFIELD IN 46074

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	88.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	43	82.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	37	71.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	100	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	61.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	28.8	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	27	51.9	47.1	50.8
Residents requiring restraints.	21	40.4	36.5	41.3
Confused or disoriented residents.	19	36.5	52.1	58.4
Residents with bed sores.	3	5.8	6.9	7.1
Residents receiving special skin care.	10	19.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAMMOND WHITING CONVALESCENT CENTER

Street Address: 1000 114TH ST	**City and State:** WHITING IN 46394

Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	48.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	46	69.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	43	65.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	50.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	31.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	1.5	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	7.6	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	21	31.8	37.1	39.1
Residents requiring restraints.	24	36.4	30.8	31.7
Confused or disoriented residents.	27	40.9	52.2	55.8
Residents with bed sores.	7	10.6	4.4	4.7
Residents receiving special skin care.	31	47.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOW HEIGHTS NURSING CENTER

Street Address: 200 SHORT ST	**City and State:** WILLIAMSPORT IN 47993

Participation: MEDICAID ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	80.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	57	81.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	54	77.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	90.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	62.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	31.4	26.9	29.3
Completely bedfast residents.	2	2.9	1.1	3.6
Residents confined to chairs.	27	38.6	37.1	39.1
Residents requiring restraints.	25	35.7	30.8	31.7
Confused or disoriented residents.	33	47.1	52.2	55.8
Residents with bed sores.	1	1.4	4.4	4.7
Residents receiving special skin care.	47	67.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PULASKI HEALTH CARE CENTER

Street Address: 624 EAST 13TH STREET	**City and State:** WINAMAC IN 46996

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 15	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	80.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	12	80.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	11	73.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	80.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	73.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	20.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	3	20.0	37.1	39.1
Residents requiring restraints.	2	13.3	30.8	31.7
Confused or disoriented residents.	2	13.3	52.2	55.8
Residents with bed sores.	2	13.3	4.4	4.7
Residents receiving special skin care.	3	20.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINAMAC NURS HME

Street Address: 515 E 13TH ST		**City and State:** WINAMAC IN 46996	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
37	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	64.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	29	78.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	75.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	64.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	62.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	24.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	24	64.9	37.1	39.1
Residents requiring restraints.	9	24.3	30.8	31.7
Confused or disoriented residents.	19	51.4	52.2	55.8
Residents with bed sores.	1	2.7	4.4	4.7
Residents receiving special skin care.	4	10.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY CARE CENTER OF WINCHESTER

Street Address: P O BOX 347 COUNTY ROAD 100 E	**City and State:** WINCHESTER IN 47380

Participation: MEDICAID ICF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	29.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	39	70.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	50.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	52.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	43.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	1.8	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	21.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	14	25.5	37.1	39.1
Residents requiring restraints.	14	25.5	30.8	31.7
Confused or disoriented residents.	16	29.1	52.2	55.8
Residents with bed sores.	1	1.8	4.4	4.7
Residents receiving special skin care.	7	12.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RANDOLPH NURSING HOME

Street Address: 701 SOUTH OAK STREET BOX 466	**City and State:** WINCHESTER IN 47394

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	**Medicare Residents:** 1	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	88.9	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	27	100	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	9	33.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	96.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	88.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	6	22.2	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	44.4	32.5	37.7
Completely bedfast residents.	4	14.8	2.3	3.4
Residents confined to chairs.	23	85.2	47.1	50.8
Residents requiring restraints.	13	48.1	36.5	41.3
Confused or disoriented residents.	14	51.9	52.1	58.4
Residents with bed sores.	3	11.1	6.9	7.1
Residents receiving special skin care.	1	3.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRACE VILLAGE HEALTH CARE FACILITY

Street Address: PO BOX 337 WOOSTER ROAD		**City and State:** WINONA LAKE IN 46590	
Participation: MEDICAID ICF	**# of Beds:** 66	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	81.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	29	87.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	84.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	81.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	69.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	11	33.3	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	60.6	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	8	24.2	37.1	39.1
Residents requiring restraints.	15	45.5	30.8	31.7
Confused or disoriented residents.	17	51.5	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	3	9.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
YORKTOWN HEALTH CARE CENTER INC

Street Address: 500 ANDREWS ROAD P O BOX 188		**City and State:** YORKTOWN IN 47396	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 1	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	51.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	64	68.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	57	60.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	61.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	53.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	25.5	32.5	37.7
Completely bedfast residents.	4	4.3	2.3	3.4
Residents confined to chairs.	24	25.5	47.1	50.8
Residents requiring restraints.	29	30.9	36.5	41.3
Confused or disoriented residents.	37	39.4	52.1	58.4
Residents with bed sores.	3	3.2	6.9	7.1
Residents receiving special skin care.	13	13.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRAL INDIANA CHRISTIAN PARK

Street Address: 675 SOUTH FORD ROAD

City and State: ZIONSVILLE IN 46077

Participation: MEDICAID ICF

# of Beds: 332

Type of Ownership: NON-PROFIT RELIGIOUS

Survey Date: 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37

Medicare Residents: 0

Medicaid Residents: 4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	91.9	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	33	89.2	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	75.7	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	73.0	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	67.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	45.9	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	20	54.1	37.1	39.1
Residents requiring restraints.	14	37.8	30.8	31.7
Confused or disoriented residents.	35	94.6	52.2	55.8
Residents with bed sores.	5	13.5	4.4	4.7
Residents receiving special skin care.	10	27.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRYSIDE HEALTHCARE

Street Address: 4400 SOUTH BURLINGTON PIKE, PO BOX 307		**City and State:** 0UNCIE IN 47302	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	93.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	24	77.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	21	67.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	71.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	77.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	3.2	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	38.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	3	9.7	37.1	39.1
Residents requiring restraints.	5	16.1	30.8	31.7
Confused or disoriented residents.	10	32.3	52.2	55.8
Residents with bed sores.	2	6.5	4.4	4.7
Residents receiving special skin care.	14	45.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

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